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LECTURES
ON
MEDICAL JURISPRUDENCE,
NOW IN COURSE OF DELIVERY,
AT THE
UNIVERSITY OF LONDON.
BY PROFESSOR A. T. THOMSON.

LECTURE XXXV.

POISONING (*continued*):—*Distinction of poisoning from the symptoms of other diseases. Diseases which simulate poisoning. Post-mortem evidences of poisoning; facts and cautions to be observed in the inquiry. The purity and preparation of chemical re-agents for tests. List of tests. General remarks on the evidence of poisoning. Feigned poisoning. The various classifications of poisons adopted by toxicologists. Objections to them. The lecturer's arrangement*:—1. *General acrid poisons; their effects on different parts of the system. Diseases which produce symptoms similar to those of acrid poisons. Action of the gastric juice on the dead stomach. Particular acrid poisons; inorganic and organic. Case in illustration; suspicion of poisoning by sulphuric acid; diagnosis; evidences after death.*

GENTLEMEN:—It is of the utmost importance to distinguish between poisoning, in a general sense, and diseases; and this is the more necessary, as the evidences of general poisoning must frequently be taken from the symptoms; and hence fallacies may arise, from the similarity of some of these to the symptoms of diseases. The general symptoms of poisoning are, local and general uneasiness, nausea, vomiting, convulsions, a sense of suffocation, vertigo, delirium, and drowsiness. Poisoning appears suddenly, when the persons are in health; this may hold good as a general rule, in this country, where no art of secret poisoning is practised; but, as I have already stated, some poisons might be made to operate slowly, namely, foxglove, belladonna, or hydrocyanic acid. Many diseases, however, are sudden in their invasion. Plague is fully formed in an hour; and typhus fever nearly as soon: apoplexy and cholera are, from the suddenness of their attack, the diseases very likely to be confounded with poisoning. Inflammation of the stomach and the bowels in children also displays symptoms resembling those of poisoning, and at that age a disease occurs, in which perforation of the gut takes place.

You will find a case of ulceration of the stomach in the "Medical Repository" for March, 1823. The girl was seized suddenly, after breakfast, with excruciating pain of the stomach,—she expired at midnight. A circular aperture through the viscera, near the cardiac orifice of the stomach, was discovered. She had for some time before been complaining of pains of the stomach on any unusual exertion.

Poisons, administered in the doses usually productive of mischief, display more regularity in the increase of symptoms than diseases. This, however, is not a decisive rule, as some produce their effects in paroxysms, for example, strychnia, and veratria; some admit of exacerbations and remissions, namely, arsenious acid, which, indeed, sometimes exhibits even intermissions.* Cholera displays the same regular increase of symptoms as poisons.

In general, the symptoms of poisoning display themselves soon after a meal, or after food, or something else has been taken,—it may be medicine.

Some diseases begin soon after meals; such is the case in apoplexy; in cholera, from unripe fruits; and in morbid distension of the stomach, from too large a meal. Fallacies may thus arise, but these are diminished if many persons are affected in the same manner, at nearly the same time. The only use of attending to symptoms, independently of the history of a case, is to authorize further investigation and chemical analysis.

The effects of poisoning by some poisons, such as the mineral acids and arsenious acid,

* Dr. Roget's case, Med. Chirg. Trans., vol. ii., p. 155.

occasionally subside, yet the persons die from the influence of the poison. Dr. Christison mentions a case in which a child was poisoned by arsenious acid, and lived thirty-six hours in a state of alternate calm and excitement.

Post-mortem examinations strengthen the evidence of poisoning. These are often, however, very fallacious, except in cases of the strong mineral acids, shewn on the gullet. In examining the body, the parts to be successively examined, the mouth, the larynx, the trachea, the stomach, liver, spleen, pancreas, and the intestinal canal. Ligatures are to be applied on the œsophagus and rectum, and the intermediate part is to be removed. The fluids are to be collected in clean vessels, and the internal surface of every cavity washed with clean distilled water. Lesions, or gangrenous portions, are to be removed; perforations cut out; and all solid parts preserved in alcohol, until they can be examined. Every portion of fluid is to be soaked up with sponges, and also preserved. No examination should be conducted alone; everything should be noted down in writing. The examination should take place as soon after death as possible.

The following are the instruments required for post-mortem examinations:—scalpels; levers; saws, strait and circular; scissors, of various sizes; bone-nippers; blow-pipes; clean basins; sponges, of various sizes; several clean, wide mouth-stopped phials; alcohol; litmus paper; and distilled water.

If the examination be made after exhumation, care must be taken to register the nature of the weather and the winds at the time.

With respect to the appearances of parts, vascularity of a stomach is no certain indication of poisoning, for although idiopathic inflammation of the stomach be scarcely known, yet, independently of disease, many other states display this appearance; thus, persons who have been hanged have often a vascular state of the stomach. Dr. Yelloly observed this in five instances; the vascularity is chiefly found at the cardiac and pyloric portions. This appearance, however, is modified according to the distance of time after death at which dissection is performed. The distinction between ordinary inflammation and that arising from acrid poisons, arsenious acid, for example, is chiefly in intensity; portions of the inner coat are destroyed. Spontaneous perforations during life are easily distinguished when resulting from long standing disease, by the previous history of the case; but it is difficult to distinguish when no previous symptoms can be traced. Digestion of the stomach after death is more easily determined: the part perforated generally appears vascular, but the healthy part is not so when death is the result of violent causes, as, for instance, fracture of the skull, or hanging. It generally happens at the great end, from the gastric juice resting there, when the death has been sudden, but not always.* Perforations from poisoning are most frequent at the great end. This subject will be frequently brought under notice in treating of individual poisons.

Chemical evidences.—When poison is found in the contents of the stomach, or the intestines, sufficient evidence is readily obtained. But poison may be discharged by vomiting or by purging; in this case none may be detected in the stomach. Sometimes none can be found even in the vomited matter, but this should not prevent it being looked for in the stomach. A woman poisoned herself with arsenious acid; after violent vomiting, which continued for nine hours, I found two drachms of the solid acid in the stomach. Poisons have been found in the stomach after two days' incessant vomiting.

Some poisons occasionally disappear altogether from the stomach, as, for instance, preparations of opium, hydrocyanic acid, and narcotics. The moral evidence in such cases is of great importance.

Some poisons undergo changes; thus, bichloride of mercury is reduced to the oxide and the chloride. Nitrate of silver, also, is reduced to the oxide. The decomposition of the body after burial prevents many, but not all, poisons from being detected; arsenious acid has been detected months and years after the interment of the poisoned person. Evidence must also be obtained from the effects of the suspected food, or drink, on the lower animals, but the evidence obtained is uncertain: if any animal be employed, the dog is the best.

Arsenious acid, salts of copper and of mercury, mineral acids, opium, strychnia, veratria, hydrocyanic acid, affect cats and dogs in the same manner as they do men. If the animals display symptoms similar to those observed in the poisoned person, the presumptive evidence is thereby strengthened. Mary Bateman poisoned a family, by administering poison in a pudding; a portion of it caused vomiting in a cat, and killed three fowls, and a dog, in four days.

If the animals reject the suspected matter a ligature should be tied on the gullet. As the effect of the wound is not felt for two days, it does not interfere with our decision, for if poison be present its effects are displayed in less than forty-eight hours. No effects may be produced on these animals by vomited matter, and yet poisoning may have been effected. Even when they die, this proof may be fallacious. Morgagni mentions the effects of bile from the stomach of

* See a paper by Mr. Burns, of Glasgow, vol. vi. of Edinb. Med. and Surg. Journ.

a person who died in convulsions; some of it was given to a cock, and applied to a wound in two pigeons: in all it proved fatal.

Tests.

In every instance of poisoning, where death has taken place, and in which it is requisite to examine the contents of the stomach, or any remains of the poison, the chemical re-agents which we employ should be of the purest kind. It is, therefore, a matter of great importance to be able to ascertain their purity: and, in the greater number of instances, they should be prepared by yourselves. I will now endeavour to make you acquainted both with the method of making these tests, which you can prepare yourselves, and demonstrate to you the mode of testing them, to determine their purity, as laid down by Duvergie.

1. The *neutral acetate of lead* is generally obtained tolerably pure; but to purify it completely it should be dissolved in water, and a stream of carbonic acid passed through it so long as any precipitate is thrown down. A partial decomposition only takes place; and by driving off any excess of carbonic acid, by boiling, on filtering when the fluid is cold, we procure a solution of a perfectly pure neutral acetate.

This solution ought not to redden litmus, nor green syrup of violets. Solution of carbonic acid should not precipitate it; ferrocyanide of potassium should form only a white precipitate, soluble in an excess of nitric acid, after standing a few minutes. When the acetate contains a salt of silver, hydrochloric acid forms a clotted precipitate, insoluble in water and in nitric acid.

When the hydrocyanide forms a bluish precipitate the acetate contains iron.

2. *Diacetate of lead.*—The solution should green the syrup of violets; it should be precipitated abundantly by an aqueous solution of carbonic acid, and in clots by solution of gum; neither ferrocyanide of potassium, nor liq. ammoniæ, should form a blue with it.

3. *Solution carbonic acid* should be made at the time from white marble.

4. *Hydrochloric acid* should be colourless, not precipitated by the hydrocyanide of potassium, or if any precipitate be formed, it should be white, and soluble in water, forming a limpid solution. It should not be precipitated white by the chloride of barium; or, if precipitated, the precipitate should be soluble in water.

5. *Solution of sulphuretted hydrogen* should colour, but not precipitate, the solution of arsenious acid, nor that of nitrate of baryta.

6. *Iodic acid* should be kept in its crystalline state.

7. *Nitric acid* may be purified by adding to it nit. of silver as long as any precipitate falls; then decanting off the supernatant fluid, and distilling. The first part of the product should be rejected, and the distillation stopped when the residue is reduced to one-eighth of the original volume of the fluid put in the retort. The pure acid thus obtained should be clear and colourless; it should not precipitate diluted solution of nitrate of silver. The white precipitate afforded with a concentrated solution of any barytic salt, should be soluble in distilled water. Ferrocyanide of potassium should not give it a blue colour, but the yellow colour of the ferrocyanide should be merely deepened.

8. *Oxalic acid*, in solution, ought not to be coloured by sulphuretted hydrogen, for when it is so coloured a salt of lead is present. If heated on a plate of platinum it should all volatilize, and leave the metal clean, and should not give off any nitrous acid fumes.

9. *Sulphuric acid*, when saturated with pure ammonia, and treated with sulphuretted hydrogen, should not be precipitated nor coloured. The salts of lead which the acid of commerce always contains, is thrown down when the strong acid is diluted with water, after which, by distilling off the water, the acid is obtained pure.

10. Liq. *ammoniæ* should not precipitate the *cyanide of potassium*, nor the *chloride of barium*; nor should it be coloured by *sulphuretted hydrogen*. It should not be precipitated by *nitrate of silver* after saturating it with *nitric acid*.

11. *Carbonate of ammonia*, in solution, should not be precipitated by *oxalate of ammonia*, nor *ferrocyanide of potassium*. The precipitate with *nitrate of silver* should be soluble in nitric acid; when it is not soluble in that acid it contains sal ammoniac.

11. *Bicarbonate of potassa*, in solution, should not precipitate *sulphate of magnesia*, at the temperature of 60°.

12. *Carbonate of potassa* should precipitate the sulphate of magnesia in the cold: it should not precipitate *ferrocyanide of potassium*, nor *oxalate of ammonia*.

13. *Animal charcoal*; when boiled with water, and the fluid decanted should not precipitate *nitrate of silver*, nor, when treated with muriatic acid, either *oxalate of ammonia*, or *hydro-cyanide of potassium*.

14. *Pure lime* should not effervesce with acids. *Lime-water* ought not to give a precipitate with *nitrate of baryta* insoluble in nitric acid.

15. *Gaseous chlorine* should be washed by passing it through water to wash; its solution should not precipitate *oxalate of ammonia*, nor *barytic salts*.

16. *Bichloride of mercury* should be completely soluble in water; it should not be coloured blue by the *ferrocyanide of potassium*.

17. *Pure zinc* should be in cylinders, or granulated.

18. *Pure tin* in cylinders, or in grains.

19. *Pure copper*, in turnings.

20. *Hydrochlorate of gold* should be crys-

tallized, to remove any excess of acid, before being dissolved in water.

21. *Chromate of potassa.*

22. *Barytic-water* should not precipitate *ferrocyanide of potassium*, nor *succinate of ammonia.*

23. *Distilled water* should not precipitate *oxalate of ammonia*, nor *barytic-water*, nor *nitrate of silver*, nor *diacetate of lead.*

24. *Protochlorate of tin* is to be made with pure grain tin, introduced in small portions, successively, into pure hydrochloric acid, until no more can be dissolved. The solution should spontaneously crystallize, and the crystals ought to be preserved free from the contact of air. When dissolved in water, hydrochloric acid, in excess, should not blacken the solution; nor should it be coloured blue by ferrocyanide of potassium. Sulphuretted hydrogen should colour it brown, not black.

25. *Hydrochlorate of platinum* should be kept in crystals.

26. *Ferro-cyanide of potassium* should be twice crystallized, and preserved in crystals.

27. *Hydro-sulphate of ammonia* should not be changed by *barytic-water*, and ought not to precipitate *sulphate of magnesia.*

28. *Nitrate of silver*, in solution, should not redden litmus paper, nor be coloured blue by *ammonia.*

29. *Proto-nitrate of mercury*, in a weak solution, should form with *sol. of hydriodate of potassa*, a greenish-yellow precipitate, which should not become red.

30. Solution of *pernitrate of mercury* should afford a red precipitate with hydriodate of potassa, and not give a black precipitate with *pure potassa.*

31. Solution of *phosphate of soda* affords a white precipitate with salts of baryta, which should dissolve, without effervescence, in nitric acid.

32. *Ammoniated sulphate of copper* should be of a deep blue colour, and clear.

33. *Sulphate of copper.*

34. *Proto-sulphate of iron* should not be very acid.

35. *Persulphate of iron*, in solution, when tested with *chloride of gold*, should not produce the gold in a metallic state.

36. *Sulphate of magnesia* should not blue the *ferrocyanide of potassium.*

37. *Tincture of galls* should be transparent.

38. *Tincture of litmus* should be transparent.

Moral evidence.—Medical men may collect much of the moral evidence which is requisite in the legal investigation of cases of poisoning; thus, they may ascertain whether the food which is suspected, was taken by more than one person; its general influence on those who ate of the dish; the behaviour of persons who did not eat of it; whether there was any delay in obtaining medical aid, or unnecessary hastening of the funeral, or objecting to the inspection of the body; the withholding any remains of suspected substances; arguments used to persuade persons to take the poisoned food; secreting vomited matters. Medical men should always get hold of the suspected article in which it was contained, if the article itself be thrown away. If the food be solid, the part eat ought to be analyzed. Beef poisoned by gravy could not be detected by Dr. Christison, and Dr. Turner, because the piece which they preserved for analysis had been put upon a clean plate; not left on that on which it was served up for dinner. In this case these gentlemen could not find the poison; it was tartar emetic, and had been put into the gravy. They were led to suspect the gravy, from the vomiting appearing severe in those who had eaten most of the gravy. The salt even should be examined.

When symptoms always occur after food has been given by some individual, moral evidence is strong against that individual. Miss Blandy poisoned her father with arsenious acid, administered in gruel: every time, after taking the gruel, pains of the stomach, vomiting, and other symptoms of poisoning supervened.

If the evidence be strong respecting a suspected substance, the assertion of *impossibility* that it could be that substance, brought forward by the person suspected of having administering it, as, for instance, in making up medicine, tells rather against than for the truth of the assertion.

For particular purposes, attempts at suicide by poisoning may be feigned. A case of this kind is detailed by Dr. Christison, in his work on poisons, in treating of imputed poisoning. We may detect this imposition by comparing the state of the pulse, the aspect of the tongue, the temperature, the succession of symptoms and matters supposed to be vomited, with those which occur in real cases; and the same mode of detection is applicable to imputed poisoning, with the view of criminating others. Such, Gentlemen, is the outline of the general remarks which I have to offer on poisoning. You will do well to peruse with attention the first part of Dr. Christison's work, which treats in detail of the points which we have briefly gone over, and also the remarks on the subject, in the second volume of Paris's work, and in those of Orfila and of Fodere.

In the treatment of every subject, arrangement is of great importance. In the works of authors on toxicology very various classifications have been proposed. In the oldest the poisons are classed according to their sources, whether these belong to the *animal*, the *vegetable*, or the *mineral* king-

doms. There are many objections to this classification. Thus, the action of irritants is nearly the same, whether they be of an animal, or a vegetable, or a mineral origin. This classification, in fact, disjoins substances which act in the same manner.

Poisons have also been classed according to their mode of action, being *local* or *general*. The objections to this arrangement are even greater than to the former. Some poisons act both locally and generally; some act, under some circumstances, as general poisons; for instance, when arsenious acid is deposited under the epidermis, in small quantities, poisoning takes place, and death ensues, without any alteration in the tissue in contact with the poison: on the other hand, when the acid is employed in a large quantity, it produces a decided local action. This is also the case with regard to oxalic acid in the stomach.

A third classification is founded on the *tardy* or rapid operation of the poisons; and they are classed as *slow* or *quick* poisons. This arrangement is objectionable, because much depends on the dose of the poison, and on the condition of the system, or whether the poison be taken before or after food. Accumulative poisons, which operate slowly, act quickly if they be administered in large doses.

Other arrangements are based on the *pathological effects* of the poisons. This was first proposed by Fodere; and his arrangement, modified, is adopted by Orfila: whose classes were at first six, namely,

1. Corrosives.
2. Astringents.
3. Acrids.
4. Narcotics.
5. Narcotico-acrids.
6. Septics.

Orfila afterwards reduced these classes to four, by joining the three first into one, under the title of *irritants*. Dr. Christison has adopted Orfila's classes, leaving out the class of septics. His classes are three, namely,

1. Irritants.
2. Narcotics.
3. Narcotico-acrids.

In my opinion many objections may be urged to the term irritants; instead of which I employ that of acrids. I divide narcotics into sedatives and narcotics, and I shall give you ample reasons for retaining septics when I treat of the poisonous effects of mussels; of sea-water when it does not purge; and of putrid animal matters. My arrangement is,—

1. Acrids, or those poisons which exert a local action on the mucous membrane of the alimentary canal.
2. Narcotico-acrids, those which act on the brain, heart, and alimentary canal, both through the circulation and locally.
3. Narcotics, those which act on the nervous system directly, or through the circulation, causing excitement, followed by collapse.
4. Sedatives, which act directly, or solely, on the nerves.
5. Septics.

1. Acrid poisons are both organic and inorganic substances. Let us first trace their general symptoms, then point out the diagnosis which distinguishes them from general diseases. Their first influence is felt on the

Gullet. It is displayed by a burning sensation, and great difficulty of deglutition, when the poison is fluid, but when it is solid there is no effect on the gullet. The effects on the

Stomach are, burning, lancinating pains, sickness (often vomiting blood); but these effects are much modified by the solubility of the poison; sometimes an hour elapses before any pain is experienced. In the

Intestines the same burning pain, extending from the stomach, stretches through the greater part of the canal; it is often accompanied with tormina, violent purging, tenesmus, sometimes with prolapsus of rectum, pain and tension of the whole abdomen, strangury, and complete eschuria.

The *pulse* is at first hard and quick, it then becomes small, and, lastly, feeble.

In the *nervous system*, collapse; the influence of the poison is displayed by rigors, reduction of temperature to icy coldness, a moist, clammy, state of the skin, hiccoughs, convulsions, and coma.

The following diseases produce symptoms closely resembling these, and, consequently, an incorrect diagnosis may be formed.

1. *Rupture of the inner coat of the stomach.*—This may arise from over eating. The following case by M. Chevalier, published in the "Medico-Chirurgical Transactions," v. p. 93., is illustrative of this fact. A lad, 14 years of age, who had eaten freely at a Christmas feast, and drunk some gin and water, was attacked on the following night with violent vomiting, which continued all that night until the following morning. On attempting to drink, spasms supervened, so severe as to force him to dash the cup from him. Pressure on the region of the stomach caused great pain, and an immediate recurrence of the efforts to vomit. Towards evening he vomited nearly two pints of blood, after which he became easier, and expressed a desire for something to eat; he ate some toasted bread, which he almost immediately vomited, and directly afterwards expired.

The thoracic and abdominal viscera were apparently in a healthy condition; but, on laying open the stomach and the duodenum, the internal coat of both was discovered to be torn in various places. The lacerations were larger in the duodenum than in the stomach;

they extended, indeed, nearly round the pyloric part of the duodenum. Two extensive lacerations were also found in the middle portion of the gut. Every other part of the intestinal tube was healthy. Rupture has occurred from lifting heavy weights. See a case in the "Med. Repository," xvii. p. 109. Sometimes over distension causes death, without rupture. A child died from eating mackarel; I opened the body and found no rupture, nor any cause, except over distension, to account for the death of the child.

2. *Rupture of duodenum.*—A case of this kind is detailed in the "Bull. des Sciences Medicales," t. x. p. 64, from passion, in a quarrel at a billiard-table, immediately after dinner. In this case, the mucous coat of the duodenum was inflamed and lacerated for the extent of two-thirds of the circumference. All the other viscera were healthy.

3. *Ices and cold water when the body is hot.*—The low state of vitality in hot weather, when ice is freely eaten, may cause sudden collapses. Haller mentions a case of this kind in which dissection displayed gangrene at the fundus of the stomach. Many people suffered from this cause in 1825, when the summer was very hot. In Paris so many died after eating ice as to produce a legal investigation into the cause.

4. *Cholera.*—In this disease there is great heat at the scrobiculum cordis, vomiting, purging, spams, and sudden collapse closely resembling poisoning.

5. *Sudden invasions of acute pain of stomach.*—When these have terminated fatally, perforations have been found after death. The invasion is often sudden, and no symptoms indicate previous disease, although it must have existed. Dr. Kelly relates a case of this kind:—A stout servant-girl was attacked with excruciating pain of the stomach, and died in 18 hours. On examining the body, dissection displayed a perforation of the stomach in the centre of a thickened induration of the villous coat. In a similar case of a lady, 29 years of age, detailed by Dr. M. Crampton of Dublin,* which terminated fatally, in twelve hours, the perforation was not larger than a pea, and appeared to be the result of an ulcer in the mucous surface, hollow, circular, and the size of a shilling: "it had the appearance as if it had been made with caustic, with the orifice in its centre." In the case of a child which came under my own care, the perforation was in the centre of a superficial ulcer. Other cases of this description may be perused in Dr. Abercromie's work on diseases of the stomach. In the "Transactions of the Dublin College of Physicians," vols. i. ii., and in the essays of the French physiologists, especially Cruveilhier and M. Louis.

The chief distinguishing symptoms between these cases and those of poisoning by acrid poisons, are the absence of pain of the gullet; the spreading of the pain beginning in the stomach and extending even to the limbs; rigidity and hardness of the abdomen, and the pulse remaining natural, until acute peritonitis supervenes.

When the diagnosis is obscure, much must depend on the moral evidence, namely, the state of mind of the person previous to the attack; whether the attack occurred immediately after taking food or medicine; whether others who had partaken of the same dish were similarly affected; and if the appearances, on post-mortem examination, tend to prove the suspicion of poisoning, every means must be taken to discover the nature of the poisoning agent.

In making the post-mortem examination, we must keep in recollection that the gastric juice is acid, and is capable of dissolving the stomach after death; that the erosions thus produced occur in the fundus of the stomach, unless local circumstances, such as enlargement of the spleen, or great distension of the transverse arch of the colon, tend to make the pyloric the most depending part of the viscus, or some other circumstance produces the dissolution of the viscus in an uncommon part. The softening varies from a mere lessened consistence of the mucous coat, to a conversion of all the coats into a gelatinous pulp. When the stomach is much distended by gas, the action of the gastric acid forms a well-defined perforation, with an abrupt margin, whilst the membrane beyond it retains its natural colour and consistence. These appearances aid greatly our diagnosis; inasmuch as they demonstrate that the action of the physical agent must have taken place after death. Redness of the softened mucous membrane, such as occurs from the the action of poisons during life, is never observed when the perforation is spontaneous after death.

If, notwithstanding the most careful examination and comparison, doubts still exist, the benefit of these must be given to the suspected person.

Particular Acrid Poisons.

These are both inorganic and organic substances.

1. The *Inorganic* comprehend acids, alkalies, salts of these bases, metallic oxides, salts of metallic oxides, chlorides, phosphorus, iodine, and iodides, and mechanical irritants.

2. The *Organic* comprehend cantharides and mylabris, in the animal kingdom; euphorbium, elaterium, croton oil, colocynth, the ranunculaceæ, mezereon, and savine, in the vegetable.

Now, let us suppose that we are called to attend a person who has been suddenly taken ill after eating or drinking, or taking a medicine, with the following symptoms:—

* Med. Chir. Trans. viii. p. 228

1. Burning sensation of the fauces, extending downwards along the gullet, increased by pressure, or by swallowing either solids or fluids, or hacking, or coughing; that the lips appear shrivelled, or excoriated, or blistered, and the inside of the mouth appears polished, and coated with a brownish factitious membrane, and the breath is fœtid.

2. Excruciating pain at the epigastrium; nausea; vomiting of a blackish, liquid matter, which causes effervescence if it fall on a marble hearth, and stains blue and black cloth red, if sputtered on it, or remains moist for several days.

3. Pain extending to the abdomen; great tenderness there, increased by slight pressure; purging of either bloody stools, or half-dissolved brown shreds.

4. The breathing laborious; the voice altered; cough; extreme anxiety; rigors; great restlessness; agitation; the pulse frequent, small, contracted, and irregular; coldness of the extremities; clammy perspiration; and convulsions, preceding death, if it take place.

When such symptoms occur, whether followed by recovery or by death, and if, in addition, we find the chin, cheeks, and hands spotted with marks, inflamed, as if scalded, poisioning by sulphuric acid may be suspected. How are these suspicions to be verified?

1. By examining whether any bottle or glass can be found containing the remains of the poisoning agent. This is to be tested with litmus paper, to ascertain that it is an acid; next, to determine that it is the sulphuric acid, rub it between the fingers; if it feel saponaceous, it is sulphuric acid; on adding water, by drops, heat is evolved.

2. To some of the suspected fluid add water and a few drops of nitric acid, then a solution of nitrate of baryta; the appearance of a white precipitate confirms our suspicions. This, which, if sulphuric acid be the poison, must be a sulphate of baryta, which should be equally insoluble in acids as it is in water. But phosphates, tartrates, and oxalates, also cause white precipitates; these are, however, soluble in nitric acid. We must also recollect that vinegar is allowed by the excise laws to contain a certain portion of sulphuric acid. On this account, ℥v. of vinegar should yield gr. 1½ of sulphate of baryta, when tested with nitrate of baryta. Quantity, therefore, as far as regards the precipitate, may guide us in determining whether the sulphate can be formed from vinegar or from sulphuric acid.

3. To prove that the precipitate is sulphate of baryta, wash and dry it, then mix it with charcoal and expose it to the flame of the spirit lamp, after folding it up in platinum foil in a triangular form (*fig.* 1.), then put the reduced salt into a tube lined with paper (*fig.* 2.) to keep the sides clean, and, after withdrawing the paper, add a few drops of diluted muriatic acid, and hold within the tube a narrow stripe of paper moistened with the solution of the acetate of lead, or rubbed with carbonate of lead; if this paper be blackened, the poison is sulphuric acid.

Fig. 1.

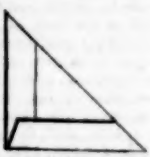

Fig. 2.

The theory of this operation is obvious. The sulphate of baryta, mixed with charcoal, is decomposed, and partly converted into sulphuret of barium; on adding the hydrochloric acid, this is decomposed, the chlorine unites with the barium, and forms a fixed chloride, whilst the hydrogen combines with the sulphur, and constitutes volatile sulphuretted hydrogen, which converts the salt of lead on the paper into a sulphuret, and gives it the brown colour indicative of this change.

4. If only the spotted clothes or the vomited matters of the stomach be found, let the former be boiled in distilled water, and filter; the latter alone; then add *pure* carbonate of lead, (*i. e.* a carbonate wholly soluble in nitric acid), and boil to complete neutralization. This forms sulphate of lead, when the matters examined contain free sulphuric acid, but not when sulphates only are present. Collect the precipitate on a filter, wash it with distilled water and dry it; remove any carbonate by means of nitric acid, and again wash the residue. This residue is then to be mixed in water, and decomposed with a stream of sulphuretted hydrogen gas, maintained for half an hour, and the mixture afterwards boiled. If free sulphuric acid has been present, it will now be demonstrated by testing with nitrate of baryta, as already described.

This process is adopted to prevent any fallacy, were sulphate of soda or of magnesia present in the stomach. When there is no reason to suspect the presence of these salts, the contents of the stomach may be simply distilled three or four times, to drive off all muriatic or acetic acid, and then what remains in the retort, diluted, filtered, and tested for free sulphuric acid.

I am not aware that the exhumation of a body suspected of having been poisoned with sulphuric acid has taken place for the purpose of verifying the suspicion of poisoning

by that acid, but such a case may occur. The following experiment of ORFILA throws some light on what we may expect to meet with in the examination of such a case. He put a drachm of concentrated sulphuric acid and a portion of the intestinal canal into a porcelain cup, and inclosed the vessel in a wooden box, which was buried two feet and a half beneath the surface of the ground. This interment was effected on the 30th November, 1826, and the box was taken up on the 10th of April, 1828. The intestine was yellowish, and floating in a greyish, slightly turbid fluid. On examining this fluid, it reddened litmus, effervesced with marble, gave a white precipitate with the salts of baryta insoluble in nitric acid, and when it was boiled with mercury, evolved sulphurous acid gas. It thence appears, that when the acid is considerable it retards the putrefactive process, and may be detected long after interment. When the acid is in small quantity, it is transformed, by remaining long in the intestinal canal of a dead body, into sulphate of ammonia, and the presence of free acid cannot be detected.

If the person have died, no verdict either of suicide or of murder can be pronounced until the body be opened and examined. If our examination of the contents of the vessel supposed to have contained the poison, or of the clothes, or of the vomited matter, have afforded satisfactory evidence of the nature of the poison, this is no reason for slighting the post-mortem examination, for, under every circumstance, the legal evidence will be incomplete without it. We must satisfy the jury that the poison which we have found, was taken by the poisoned person, before they can feel authorized to come to a decision on the question. Now, let us inquire what appearances the dead body of a person poisoned by sulphuric acid usually presents.

In the *mouth* we find the mucous membrane thickened, white, or greyish, and separated in parts, or, at least, easily peeled off. If the poison have been taken in a glass, the lips exhibit a semilunar space, in which the epidermis is very separable, like the mucous membrane. The tongue, the palate, and the throat, are generally stript of the mucous membrane, whilst the lining of the œsophagus, is marked with longitudinal bands or furrows of a grey, granular aspect. The uvula is sometimes ash-coloured.

In the *stomach*, when the poison has entered it, which does not always happen, the coat of the viscus exhibits patches of the same grained layers, and it contains a muddy-looking liquid. There is a puffy appearance often of the tissues; and occasionally the surface is studded with black or brown spots, as if cauterized. There is generally a very diminished volume of the organ, owing to the influence which this acid always exerts in causing contraction of the tissues during life. The softening of the tissue extends to all of the coats of the stomach, so that rupture readily takes place, and the contents of the viscus is often poured into the peritoneal cavity.

In reviewing these appearances in the stomach, we must not forget that the muriatic, the acetic, and even the nitric acids, produce the same patches of brown as the sulphuric; they are the result of the disorganization of the tissues, and of their carbonization. Sometimes the duodenum presents the same appearance.

The *epiglottis* is affected in the same manner as the pharynx; and sometimes the larynx, a little below the rima glottidis, has been observed to be white, and the membrane detached; and if the death has not been sudden, pus is found in the muscular substance between the larynx and os hyoides.

The influence of sulphuric acid is generally confined to the first passages. The nature of the action of the acid on the mouth and the fauces depends much on the manner in which the dose is swallowed. When the head is thrown much back, so that the mouth, the pharynx, and the œsophagus form nearly one line, or vertical cavity, the poison rapidly enters the stomach, and those parts are little affected. But the danger is augmented by this circumstance. The empty state of the organ is also a cause of augmented danger, for when the stomach contains food, the acid mixes with the food before it acts upon the organ; thence if the quantity of the acid be not great the stomach does not suffer much. The state of the lips is more important than might at first appear, as it goes, sometimes, to aid the proof of murder having been committed by this poison. A butcher in Aberdeen who was poisoned by his wife, who poured the acid down his throat as he slept with his mouth open, no marks were observed on the lips, although the mouth and the tongue were white, and the uvula was black.

LECTURES
ON THE
PHYSIOLOGY OF THE NERVOUS SYSTEM,
DELIVERED IN 1836, IN THE COLLEGE OF FRANCE.
By M. MAGENDIE.

Lecture XX.

HEARING (*continued*):—*Body of a rachitic female. Error of supposing that rachitic persons are phthisical. Connection of the facts just mentioned, with the theory of the circulation. Facts described in last lecture respecting the nerves of hearing. Arnold's ganglion. Communication of a branch of the vidian nerve with the portio dura. Are the auditory nerves the special nerves of hearing? Their division in a dog; escape of the cerebro-spinal fluid; prostration; indecisive semblance of deafness; wagging of his tail. Experiment on a rabbit, to determine that the sensibility of the parts to which the chorda tympani is distributed, depends on the fifth pair. Attempt at a similar experiment in a dog. Human patient in whom paralysis of the fifth pair, on the left side, existed; consequent modification of the facial, special, and general sensibility on that side; singular paralysis of the muscles of the globe of the left eye; atrophy of other parts.*

GENTLEMEN:—You see before you on the table the body of a female affected with rickets in the highest degree, who has just died in our wards at the *Hôtel Dieu*.

[Here the Professor, in presence of the class, proceeded to determine by measurement the dimensions of the vertebral column; the thickness of the layer of fluid covering the several parts of the axis; the capacity of the subarachnoid cavity, which had been artificially injected. But the part to which M. MAGENDIE particularly directed the attention of the students was the thorax, which was deformed in a very high degree, and excessively contracted on the left side, in a transverse direction.]

See, here, how the lung is compressed, above and below, by the narrowing of the chest at its middle; any air that arrives in the upper lobes must find considerable difficulty in penetrating to the inferior ones. Examine, again, this spinal column: I do not ever remember having seen this species of deformity proceeding to such an extent as in the subject before us. This unfortunate woman fell an early victim to the disease under which she laboured; and such is the case, generally speaking, in this affection. Rachitic persons are seldom long-lived, and, hence, many, without reflection, consider the malady as a species of phthisis, an idea in which they are fortified by the copious expectoration occurring whenever the chest is much deformed; they draw, however, a very erroneous conclusion, for the expectoration, difficulty of breathing, &c., do not depend on the presence of abscess in the lung, but are solely occasioned by a mechanical obstacle to the passage of the blood from the right to the left side of the heart. Whenever this obstacle is considerable the disease may assume some of the characters of phthisis; but sooner or later a quantity of blood becomes extravasated into the substance of the lungs, and the disease assumes such well-marked characters as to render all doubt on its nature impossible. In other cases death is occasioned by inflammation of the pulmonary tissue, determined by the malformation of the thoracic parietes.

These facts are intimately connected with the theory of the circulation, which they assist us in explaining: as to the unfortunate subjects in whom we observe these phenomena, they are destined to certain death. We shall recur presently to the body now lying before us, and the facts to which your attention has been briefly directed; they are more closely connected, than, perhaps, you might suppose, with the immediate subject of our studies. But to return to the point at which we had arrived at the close of our last lecture. We commenced, Gentlemen, the study of the sense of hearing, and without doubt you still carry in your memories the general principles we had the honour of laying before you: to repeat these would be useless. The principal facts on which we insisted with most force were the following:—The existence of a special nerve distributed exclusively to the internal ear, which, from time immemorial, has been called the acoustic nerve, and regarded as the special nerve of the sense of hearing, although we do not possess any experiments which demonstrate the latter fact. It must, however, be acknowledged that its traject, direction, internal distribution, and the organization of its terminal filaments, all lead to the idea of its being the proper nerve of hearing. We also spoke of this special nerve so far as it was connected with the fifth pair, and pointed out the necessity of dividing it in the living animal, to observe what effect would result.

The communication of the seventh nerve with the ganglionic system was also not forgotten, and this is one of the facts which present the highest interest for us, as it forms a link in the chain of our physiological observations. Here is the ganglion of which we speak, which has been named "Ganglion Arnoldi," after the young German anatomist who discovered it. This

ganglion is found at the posterior and inferior part of the foramen ovale, adherent to the trunk of the inferior maxillary nerve; it gives off two small nervous filaments, one of which we have already mentioned under the name of JACOBSON'S nerve, as passing to the nervous plexus of the tympanum; the other filament ascends towards the tensor tympani muscle, and is lost in its fleshy fibres. We mention these anatomical facts, and point out to you this complicated nervous communication, with the hope that at a future time you may arrive at some means of explaining their different uses, and the particular function of each nervous branch, for, undoubtedly, each has a different office assigned to it; as yet we are absolutely ignorant of these things, but the disposition of the filaments sent off from ARNOLD'S ganglion induces me to think they cannot but exercise some influence over the function of hearing, although I should be unwilling to admit, at the same time, all the speculations of the German anatomist.

Amongst the remarkable nervous communications within the cavity of the temporal bone, I shall not omit to mention that formed by a branch of the vidian nerve with the portio dura. That branch, having traversed the vidian canal and the foramen lacerum, enters a slit in the anterior wall of the petrous portion of the temporal bone, gains the aqueduct of Fallopius, and joins the facial nerve just as it enters into this canal. After having remained in close contact with the portio dura of the seventh pair for some time, it quits that nerve, assumes the name of "chorda tympani," and, finally, joins the inferior maxillary nerve. Several anatomists, I am aware, take a different view of this matter, and regard this branch of the vidian nerve as becoming confounded with the trunk of the facial; but I am compelled to adopt a different opinion when I find that division of the fifth pair destroys the sensibility of the parts supplied by the corda tympani, a phenomenon which would not take place if there were actual communication of substance between the superficial petrosal nerve and the facial, instead of simple juxta-position of parts. This you shall presently see. We shall divide the fifth nerve, and, on irritating the parts in question, or the chorda tympani itself, you will not discover any trace of sensibility existing: we have frequently repeated this experiment, which seems decisive of the point in question. This, however, is one of much minor importance; let us first proceed to determine whether the auditory nerve be really the special nerve of the sense of hearing, as is universally supposed, or not.

[For this purpose M. MAGENDIE seized a dog, which had already undergone some preliminary preparations, and having exposed the occipital foramen, penetrated into the cavity of the skull in that direction, explaining, as he went along, the difficulties of the experiment, and the necessity of avoiding injury to the peduncles of the cerebellum. The moment the membrane enveloping the upper part of the spinal marrow was opened, the cerebro-spinal fluid made its escape in a jet; the liquid was clear and transparent. The experiment appeared to be a very painful one. The animal struggled violently, and was highly sensitive. The first phenomenon which we remarked was a tendency which the animal exhibited to go backwards. During this moment the Professor wounded the spinal marrow, though, as he said, slightly. At length he succeeded in dividing the auditory nerves; the dog fell immediately into a state of deep prostration, with all the symptoms accompanying loss of the cerebro-spinal fluid. He remained completely insensible to the noise which the Professor made close to his ear, and the sense of hearing appeared to be completely annihilated. Indeed, as M. MAGENDIE remarked, the poor animal had five or six excellent reasons for being deaf.]

However, (continued the Professor) on examining him with attention, you must be struck with the very peculiar attitude in which the dog places himself, a circumstance which makes it probable that some portion of the brain has been wounded during the attempt we made to divide the auditory nerves; hence it is by no means impossible that the dog hears without being able to exhibit any external proof of the sensations being communicated to the brain. This experiment, then, is not decisive. We are, however, convinced of the possibility of performing it in a satisfactory manner; one may fail in the first attempt, but with caution and perseverance the experiment is certainly practicable. We shall direct the animal to be taken care of, in order to see what phenomena will result from the expeperiment just made, though the dog seems very feeble, and may not, perhaps, survive; he walks, as you see, with great difficulty, his fore-legs bend under him, and he can scarcely stand; the animal still preserves his sentiments, and you may observe how he wags his tail in answer to the caresses we bestow on him.

It is not an easy matter, Gentlemen, to say whether we have completely divided the auditory nerve, or not; and, in addition to this source of error, it is also difficult, as we mentioned before, to ascertain whether an animal possesses or not the sense of hearing, for in many cases he may have more or less perception of sound, without giving any external evidence of the perception being felt.

Let us now return to the fifth pair of nerves, and endeavour to show you by direct experiment, that the sensibility of the chorda tympani, and of the parts to which that nerve is distributed, depends on the fifth pair, *i. e.*, that the former lose all sensibility when the latter pair of nerves is destroyed. You know how anatomists are divided in opinion on the question, Whether the superficial branch of the vidian nerve really anastomoses with the facial, (and this is the doctrine professed by a majority), or whether, as M. H. CLOQUET, HIRZEL, and a few other writers, affirm, the vidian branch is merely applied closely to the trunk of the seventh pair, from which it again separates, under the name of "chorda tympani"? I confess that the latter opinion seems to me much the more reasonable one; but let us refer the matter to experiment.

Here is a young rabbit, on which we propose testing the value of the two opinions; the first step which is necessary is to show you, that in a natural state the membrane of the tympanum and adjacent parts is actually sensible; for this purpose I introduce a blunt-pointed probe into the animal's ear, and you may judge of the sensibility developed, by the energetic movements which you see the animal now execute. It only remains to divide the fifth pair of nerves in the manner already described, and with which you must be familiar. I have now performed the section of the nerve on both sides of the body. Let me first acquire the assurance that it has been complete; this, you know, is done by touching the animal's eye, or any other part of the face. I do so, and it exhibits no sign whatever of sensibility. Now for the ear; I introduce, as you see, the same probe as far as the tympanum, I even penetrate into its cavity, and turn the probe about in all directions, but the rabbit remains quiet; you cannot detect the least sign of its perceiving the presence of a foreign body in the interior of an organ otherwise so highly sensitive.

The experiment, then, fully bears me out in what I advanced awhile ago; and, observe, the same results are always obtained whenever you divide the fifth pair of nerves within the cavity of the cranium. I might even render the phenomenon more striking, by dividing the nerve on one side only, and leaving the opposite one intact. This experiment has now been performed on a second rabbit. I touch the membrane and the chorda tympani; I lacerate the former in several directions, but the animal remains tranquil; it does not feel Here, on the opposite side, where the fifth nerve is intact, the little animal gives signs of sensibility whenever I touch the corresponding parts.

These results are very striking and conclusive; let us, however, repeat the experiment on a larger animal, for we can never have a superabundance of evidence on any point of physiology.

[Here the Professor had a strong dog placed on the operating table, and after having demonstrated the sensibility of the membrane of the tympanum, and adjacent parts, proceeded to divide the fifth nerve on one side of the head; but the instrument had scarcely penetrated within the cavity of the cranium when the animal was seized with an access of fury, which it is difficult to describe. He broke loose, overturning every thing in his way, and it became quite impossible to continue the experiment. When order was restored, M. MONTAULT presented before the pupils an individual who was labouring under paralysis of the fifth pair of nerves on the left side; the same of whom mention has been made in the lecture of the 12th of February.]

Gentlemen, (said M. MAGENDIE), in the case now before us the affection of the fifth pair of nerves is not carried to a very high degree; you cannot, therefore, expect to find the symptoms of paralyzed sensibility very well marked, although the phenomena which the patient presents are interesting and remarkable. After having thanked the patient for his trouble in coming so far to present himself publicly for inspection, and having requested M. MONTAULT to read the history of the case, the Professor proceeded to determine the condition of the parts affected, and said,—The sensibility of the left side of the face is nearly entirely gone, if we except the lower part, in which some traces of feeling still exist, a circumstance that we can understand on reflecting how this portion of the face receives nervous filaments, independently of the fifth pair, and uninfluenced by its destruction. I now introduce a probe into the external auditory foramen, and even push it as far as the membrane of the tympanum; the patient assures me he merely feels the contact of a foreign body without experiencing the least uneasiness, irritation, or pain. Hence the sensibility of the external ear is considerably diminished on the left side, while, on the contrary, the same parts on the right side of the body preserve, as you see, their normal degree of feeling. The cavity of the nostril at the left side is also nearly insensible to the presence of a foreign body. The same remark will apply to the conjunctiva; when I pass my finger along the surface of the eye, the man barely feels; he experiences no pain, no desire to contract the eyelids, when I press the ball of the eye; but here, on the other side, the least touch is sufficient to determine the usual phenomena. In the present case the modification of general sensibility, depending on

a lesion of the fifth nerve, is accompanied with some curious and interesting circumstances; thus, you may observe, that when the person before you would change the direction of the eyeball, he is forced (for the muscles also are paralyzed) to seize the globe of the eye between the fore finger and thumb, in order to give it the direction wished for; this manœuvre is unattended with any inconvenience. The man can read with his left eye, but the power of vision is much diminished, and when he has finished a line he is compelled to shift the paper or book upwards, before he can continue. The sense of smell seems completely annihilated; when he takes a pinch of strong snuff he feels nothing; the odour of vinegar produces no effect.

Here, then, is a case in which not only the general sensibility is modified, but in which the special sensibility of several organs is more or less diminished; it is, in short, a case to the termination of which I look with the greatest interest, for you all know how obstinately physiologists still persist in separating the two orders of sensibility. The organ of taste has undergone the influence of the same cause which has modified the functions of the other senses; the left side of the tongue is deprived of its sensibility; the man is incapable, as you see, of tasting either salt or pepper when I place them in contact with this side of the tongue; some acetic acid produces a degree of feeling, but this, probably, is connected more with the general sensibility of the organ than with its special feeling of taste. The velum palati is also insensible to the touch; when irritated the individual does not experience the inclination to vomit which is produced by titillating that part of the mouth on the opposite, or right, side. The gums at the diseased side are tumefied, and red, as you may observe, and the edges of the teeth are lined with a whitish deposit, quite unlike what exists at the opposite moiety. The temporal fossa on the left side of the head is much less developed than the corresponding one of the right side. In a word, you may observe in the case now before you, nearly all the phenomena which we produced in animals by division of the fifth pair of nerves. Look here, how the temporal muscle is wasted away. The masseter is also diminished in bulk, soft, flaccid, and incapable of exercising its normal action; the chin, as you may remark, is a little oblique, and when the man puts out his tongue, the organ deviates to the left side; indeed, all the muscles situate on the left side of the face are much diminished in volume; the alimentary mass is imperfectly triturated at the left side of the mouth; the patient tells us he is unable to eat a piece of bread at this side, and feels no sensation when a foreign body is placed between the teeth. On applying the hand over the temporal and masseter muscles during mastication, you will not feel those muscles becoming tense and hard, as they do during contraction in the normal state. The sensibility of the whole of the skin covering the left side of the face is also considerably modified; even the hairy scalp is less sensitive at the diseased side; when the man shaves he is unconcious of the passage of the razor over the left side of his face; the other moiety is, on the contrary, very sensible. When I pass my finger across the forehead he feels nothing until I come to the median line; once beyond this, towards the right side, sensibility is perfect. This sudden transition from paralysis to complete feeling, as soon as the middle line of the body is passed, presents one of the most curious phenomena in the human body; unfortunately, we cannot pretend to furnish any satisfactory explanation of it. The distribution of the nervous filaments is not accurately bounded by the median line; besides, you all know how frequent the anastomoses are between the terminal filaments across the median line.

I have dwelt at some length on the interesting and instructive case before us, because it confirms in a wonderful manner the results of the experiments which you have seen performed on the fifth pair of nerves. Here is an example of paralysis, following precisely the same march, and occupying the same parts of the body, as is articially produced by dividing the trunk of a certain nerve in animals; besides, the case is altogether above the reproach you may often hear addressed by the opponents of the experimental method. No one can say here that we draw conclusions from animals incapable of explaining the sensations which they feel.

DEFENCE OF THE

COMPRESS AND BANDAGE

IN

UTERINE HÆMORRHAGE.

TREATMENT OF UTERINE HÆMORRHAGE IN THE LATTER MONTHS OF UTERO-GESTATION.

To the Editor of THE LANCET.

SIR:—I have perused Mr. Walford's advocacy of the compress and bandage in uterine hæmorrhage, contained in THE LANCET of the 29th April, and much regret that his ardour has carried him to such an unreasonable length as to condemn means by which, in the hands of others, innumerable lives have been preserved. Measures amazingly efficacious, instant to save, he has branded as "of limited service," "of questionable advantage," "positively worthless!"

For some time I have made use of a ban-

dage composed of a breakfast-cloth, or something of that shape and size, which I have been in the habit of applying in the latter stage of labour. When the head of the child seems to be making progress, I station, at the back of the patient, a person whom I strictly charge to keep hold of the bandage until I direct her otherwise: the child being born, I immediately tell her to pull harder than before, but not so as to occasion pain. Having disengaged the child, I tighten the bandage, and make the assistant lay both her hands over the uterus, and press firmly on it,—very seldom, indeed, is it that the placenta is retained more than ten minutes. After the uterus has been emptied, I invariably put my hand between the thighs to ascertain its condition; if it is not contracted, I press, grasp, and knead it until brought to a proper size and hardness; afterwards I tighten the bandage, and apply a pad, usually a folded sheet, if the abdomen be particularly flat, and seem to require it. The relation of this plan of treatment, which I have strictly pursued in a great many cases, will show that I am sensible of the great advantages to be derived from the employment of a bandage, which advantages I believe to be, a more speedy delivery, the prevention of fainting, a more rapid expulsion of the placenta, and a firmer and earlier contraction of the uterus, by which hæmorrhage is obviated. Yet, in the face of every precaution, that accident will sometimes supervene.

In November, 1835, I attended Mrs. Burgess, ætat 27, with her first child, at the full period; the bandage was carefully applied, and a person placed at the patient's back to tighten it as the child descended, which, I believe, was done exactly in accordance with my instructions. The labour did not occupy quite twelve hours; the placenta was thrown off in about a quarter of an hour. I was then rising up from my seat, the bandage all the while being firmly pulled, when a sudden gush of blood inundated the bed and floor, and the patient turned on her back, apparently in a dying state,—instantly I darted my left hand into the uterus, and placed my right on the abdomen, where I grasped and kneaded the uterus with all my might. While thus engaged, I directed the nurse to pour brandy into her mouth, and the other woman to take from my pocket a large silk handkerchief, oil it, and double into a conical form. She slowly revived during a quarter of an hour, all which time my hand was in the uterus: that organ did not evince any activity until just before I withdrew my hand, when there was feeble contraction; scarcely a drop of blood escaped, with the exception of a few clots which came away with my hand. Making the nurse press both hands, with all her strength, on the uterus, I took my hand away, and immediately plugged with the handkerchief; then folding up a sheet for a pad, and laying a book upon it, I tightened the bandage, and passed a napkin over the os externum, which I fastened before and behind to the bandage: strong doses of spirits of ammonia were required to prevent her falling into another deathly swoon. She completely recovered.

Suppose such a case to occur in Mr. Walford's practice,—his "pillow is duly rolled and bound." His "roller" is even passed round the pelvis; the tourniquet is loosely attached, and himself on the *qui vive*, *expecting* hæmorrhage, for we will give him every advantage. Out rushes a torrent of blood; back rolls the patient; he seizes the pillow, and in laudable haste tightens the bandage and screws the tourniquet, and, moreover, places some person's hands over the compress, to "retain it on the abdomen;" the discharge has ceased; and, beholding the patient lie on her back, apparently in death, he very properly administers strong stimulants. Animation slowly returns, and, at the same time, begins to ooze the vital fluid: perchance another torrent issues forth; she again faints, and again revives; and the heart's blood continues to flow, in spite of the most determined screwing; if it should be so, and it may "by a possibility," in nowise remote, what is to become of the wretched victim? But if, reckless of consequences, he endeavours to *flatten* the uterus, to "compel the apposition of its parietes," he is guilty of sacrificing to present safety the future welfare of his patient, and of laying the foundation for a very formidable, if not a rapidly fatal malady. The screw is, mechanically speaking, omnipotent, and with *it*, there can be no doubt that Mr. Walford *could* "compel" the apposition of the uterus and the back-bone; but is there to be found one man so bold as to affirm that such might be done without involving fearful risk to the sufferer? In sudden and very profuse hæmorrhage the flow must be *instantly* arrested, or death must ensue. Some years ago a practitioner in York had been attending a lady in her second confinement; he bade her farewell, and was in the act of congratulating her husband down stairs, when a servant rushed into the room, exclaiming, her mistress was dead; he hurried up to his patient, and found the bed saturated with blood; every means failed to restore animation; she was too truly *dead*. A similar instance occurred in the practice of a very eminent accoucheur in London, not long since. In the case first cited, five minutes could scarcely have intervened between the commencement of the flooding and the presence of the medical attendant at the bedside, yet the assistance came *too late*. Who, then, would fumble about a bandage and a screw, when in one precious moment he might check the fatal flow by those hands which thus hang

powerless at his side? Delays must necessarily arise in the application, adjustment, and screwing up of the tourniquet; therefore, in cases of instant peril, it *ought not* to "supersede all other means." Perhaps in inertia uteri, the tourniquet, as a primary agent, promises more than under any other circumstance.

About a month since I attended Mrs. H., ætat 43, with her first child; the labour continued nearly fifty hours; it was at last necessary to deliver with the forceps. The placenta was not to be felt; there were not any pains, and the uterus was very large and flabby. I gave two doses of ergot of rye (3ss each) at an interval of half an hour; my assistant, a strong man, kept up firm pressure with both hands; after the lapse of about an hour, with the employment of traction, I succeeded in withdrawing the placenta. The uterus, however, continued, as before, very large and flabby. I administered another half drachm of ergot, and endeavoured to provoke contractility by kneading and grasping the uterus with my hand. At first a rigid fibre was perceived here and there, then a larger portion could be felt, and at length the whole uterus contracted imperfectly; again it became soft and large, although grasping it with all my strength; and so it varied for more than an hour, when it obtained a small size and considerable hardness. I then fastened a compress and bandage on the abdomen. No hæmorrhage of consequence took place. She recovered remarkably well.

I certainly hold the compress and bandage in great estimation, but I do not feel justified in yielding them unlimited confidence; because my own hands being the readiest instruments, and having rendered me good service heretofore, I prefer their old-fashioned aid to that of the newly-invented and untried tourniquet; and when practitioners bear in mind, that after the loss of a considerable quantity of blood, a single ounce, a diminutive drop, may have within it "the breath of life," I am sure they will continue to the plug, which, if rightly used, as I have described, precludes the *possibility* of any further effusion,—that just praise and unbounded confidence which it has attained in the minds of many eminent accoucheurs.

The compress and bandage should be regarded only as *auxiliaries*; with the view of *exciting* contraction, nothing can be more effectual than grasping with the hand, and the administration of ergot of rye; when that is effected, the compress and bandage will ensure its continuance; but in sudden and very alarming gushes of blood, no time should be wasted in what might prove a vain attempt, for the uterus is then usually, as it were, paralyzed; neither is it right to trust to cold applications. The plug and bandage must be resorted to forthwith; the former arrests the external discharge, the latter prevents the distension of the uterus by an internal accumulation; thus, the bleeding orifices are compressed by the clots contained in the uterus, besides which the plug is a powerful stimulant to the uterus, and never fails to occasion contraction, sooner or later.

There is another description of uterine hæmorrhage, to which I will seize the present opportunity of referring, viz., that in the latter months of utero-gestation, and I do so with the view of impressing upon the minds of practitioners the paramount importance of immediate manual interference, in formidable cases of the kind. I remember two fatal instances, both which occurred in the practice of a medical man, residing at Halifax, within a very short period of each other. In the first case, the hæmorrhage not being restrained by the measures made use of, he demanded a consultation: before the consultation was finished the patient died. In the second, he sent for his friend much earlier; after some hesitation they decided in favour of delivery; before that was accomplished this patient also died. "Delays are dangerous" under every circumstance of life; but in no case can it be so emphatically true as in that of uterine hæmorrhage. Where a thousand mouths are ready open, to pour forth at once the source and medium of life, every instant must be fraught with terrific peril!

October 1st, 1835, I was sent for to attend Mrs. Penfold, ætat 28, who was described to be flooding. She stated that she had given birth to thirteen children, once triplets, and several times twins; she was now just past the eighth month; about an hour ago she had been making an exertion, upon which a considerable discharge of blood took place; had not felt any labour pains. I was barely able to introduce one finger into the os uteri, and could just touch something which seemed like the edge of a placenta: the child was not to be felt. I left her, after giving the usual directions respecting cold and quiet. They sent for me again about two hours afterwards, when I found her exceedingly faint; she had been making an effort on the po, when she fainted away, from a profuse discharge which took place; the os uteri very lax and considerably dilated. As the discharge continued, and there were no pains, I determined upon delivering. On passing my hand, I ascertained that the placenta was attached to the cervix, and had a loose flap hanging partly over the os uteri. The head presented; the liquor amnii had been discharged. Delivery was effected in about an hour, without a single uterine pain. She did very well. I have attended her twice since, once with twins.

March 27th, 1837, I was called up in great haste, about 12 P.M., to visit Mrs.

Sofe, residing near my house. On entering the room I was astonished to see the floor covered with blood, so that the bed could not be approached but by walking some way in it, and a woman stretched on the bed, gasping for breath. I was told she had borne five children, and was now expecting to be confined in April; that she had walked a considerable distance, and was about to retire to bed, when this frightful flooding took place. The os uteri was very rigid, and would not admit more than the ends of two fingers. Without farther reflection or delay I introduced my hand, and commenced dilating the os uteri, which, from its extreme rigidity, yielded very slowly. It was completed in about an hour and a quarter. The placenta was situated very nearly as in the last case, and partially detached. I turned by one leg, and after delivering the hips, gave half a drachm of ergot, and waited for the pains. All this while my assistant had been administering, every ten or fifteen minutes, a teaspoonful of aromatic spirits of ammonia, to check the disposition to faint, of which I felt very apprehensive. Pains came on within half an hour after the dose of ergot, and the child was born some time before three o'clock. It seemed rather above the average size of children at the full period, but she said it was not quite so large as her other children at their birth. The placenta came away immediately. No hæmorrhage whatever took place after the commencement of delivery. On the three or four days succeeding, the pulse fluctuated between 130 and 160 in a minute, and she complained of severe pain and throbbing in the head. As much strong broth and beef-tea as she could take, effervescing salines, and the application of twelve leeches to the head; subdued all the bad symptoms, and the pulse was gradually reduced to the natural standard. She now appears to be perfectly well.

In these two instances, had any other course been pursued than that related, death, I am quite certain, would have been inevitable. I, therefore, put the question to practitioners in midwifery, whether, instead of trusting to cold and quiet, and rupture of the membranes, it would not be better, where the patient has sustained a considerable loss of blood, to proceed to immediate delivery? I beg to remain, Sir, your obedient servant,

WM. BAINBRIDGE.

Upper Tooting, May 16, 1837.

PROCEEDINGS AT

CORONERS' INQUESTS IN IRELAND.

REPORT FOR 1836, FROM THE

MORGUE AT PARIS.

To the Editor of THE LANCET.

SIR:—I am induced to send you the following account of the number of bodies, or portions of bodies, that were received at the Morgue at Paris, during the year 1836, and I deem this to be the more necessary, as the subject of forensic medicine has met with so little attention in Ireland; indeed, such is the deficiency of the majority of the medical practitioners here upon this necessary branch of their profession, that when you question them as to its utility, the reply is, that toxicology can be as well studied under the chemist as under the lecturer on forensic medicine. Admitting, in fact, that toxicology comprises all that is essential on the chemistry of this subject, yet the cases of poisoning, in comparison with other forms of death, occurring both in this and in other countries, are rare, as will appear evident from the table which I send with this. This circumstance, too, has been already pointed out by other writers on the subject.

I must take this opportunity of observing, that the coronership in cities, as well as in the country parts of Ireland, is confined to a class of individuals who, of all others, are least calculated for investigating a medico-legal question. They are selected without reference to capabilities for the situation, from corporate bodies in the cities, and by universal suffrage, I may say, in the counties; and, unfortunately for the ends of justice, the selection is, in almost all cases, as a consequence, not the most desirable. Only in two instances have medical men been selected. However, I do not advocate the confinement of the appointment solely to the latter, for the office is twofold, both medical and legal. But at present the appointments often frustrate the ends of justice, and the opportunities which are afforded, especially in cities, of witnessing cases of sudden death, where they are so numerous, and would afford such considerable interest to intelligent observers, are invariably obstructed by the ignorant interference, or the neglect, of the above functionaries. In many, and, indeed, I must add, in most instances, the investigation is a hurried one,—the coroner dictating the verdict for the jury, and the latter being equally desirous to dispose of the inquiry. In cases of submersion, for instance, the most frequent cause of sudden death, an examination is *never even thought of*. The individual may have remained in the water for days, weeks, nay, months;

the investigation is the same. The deceased may have undergone previous strangulation; he may have fallen from a heighth; poison may have been administered to him; in truth, no matter how death has occurred, provided extensive lesion is not perceptible externally, and the body is discovered in the water, the verdict is the same. Such, at least, has been my experience.

Infanticide is of frequent occurrence, but here the same indifference is apparent, in whatever media the body has been placed, in whatever covering, whether mature or immature, viable or not viable, having breathed, or not having breathed, recently born, or of a month's age,—the system adopted is the same. No inquiry is instituted as to the changes which decomposition produces, nor is any attempt made to contrast the alterations which are produced by this cause, and that morbid change which is the result of disease. In case of wounds the same indifference is observable in every instance of sudden death. No later than last week, an instance of this negligence came under my notice:—

A healthy young man, aged thirty-two, of an irritable temper, had a quarrel with his wife, left his house, and returned in two hours, when he ascertained that his wife had left him, and deserted her child, of only one month old. He again suddenly quitted the house, with a determination to end his existence, by laudanum, and was carried home, dying, at a late hour in the evening, and lived only a few hours afterwards. After the examination of his head, the only part which the medical, or, I should rather say, the surgical, attendant, deemed it necessary to examine, he came to the conclusion that the death was from apoplexy, in consequence of the turgid state of the vessels, and the slight effusion of blood (it being fluid) which was present; but this, in my view, arose from the mode of examination, the repeated percussions with a hammer, the action of a lever, and the number of apparent spiculæ of bone which were evident on the separated parts of the cranium, for not the slightest attempt was made to replace the calvarium, or its contents; in fact, the "examination" seemed to me more like the work of a carnivorous animal than that of an individual having the slightest pretension to medical science. The brain was folded in a cloth, and a handkerchief supplied the place of the calvarium. Such exhibitions of forensic skill are sufficient to deter many from suffering the remains of their friends to be mutilated.

Another case was one of negligence on the part of the coroner:—A woman, I believe a soldier's wife, having parted from her husband, in a quarrel, took her passage, as I have been informed by a companion of her's, in the month of August last, from Liverpool to Dublin, with a child, which appeared to be healthy. She had been only a few hours at sea, when she was seen to give the child a teaspoonful of fluid, shortly after which the child vomited, and in another hour was dead. She wrapped the child up in a shirt, and concealed from the captain of the vessel, the passengers, &c., the death of the child. However, through her companion, the discovery was made, and the captain, on his arrival in this city, very properly brought the delinquent to the watchhouse, where an inquest was held, which, according to the usual mode of terminating such inquiries, was concluded in twenty minutes, by my watch, medical testimony being deemed unnecessary, and then the individual took her departure.

The selection of the professional attendant by the coroner, on such occasions, arises solely from interested motives, and not from the efficiency of the individual. I have frequently witnessed, with regret, the mechanical readiness of their conclusions, the cause of death being pronounced by the witness from mere external observation, thereby, in many instances, liberating a guilty person, or consigning an undeserving individual to a prison for weeks.

As an example, I may mention that I was present at the following inquest:—A woman had given birth to a child forty-eight hours previously, as appeared by the testimony of others. The child was mature, the thorax round the skin was florid in colour; the limbs were all well proportioned; no evidence of great pressure having occurred during parturition; the cord was large and corrugated, containing the liquor of Wharton. Without further inquiry the official medical officer deposed, that to the best of his opinion the child was stillborn, and that the mother's statement was correct, that she was confined six days previously. No examination of the lungs, the circulation, or a single other point, was made,—none even of the mother!

I might continue this article to an indefinite length with detailing abuses of this kind, such is the indifference to the subject of forensic medicine in this country.

Substance of a Statistical Report from the Morgue, Paris, for 1836.

311 bodies, or portions of bodies, were received.

279 of different ages: males, 235; females, 44. In the 279 we have,—

Male suicides, 80; female, 28; suicides not proven male, 58; not proven female, 6. 172 probable suicides.

Male, homicide, 1; female, 3. 4 homicides.

Accidents, male, 52; females, 4. 56 accidents.

Sudden deaths, male, 44; female, 3. 47 natural, or sudden, deaths.

Males, 235; females, 44. Total, 279.

Nature of the Death.

Submersions, males, 151; females, 28 179 submersions.

Sudden deaths, males, 39; females, 3. 42 sudden deaths.

Deaths from fire-arms, males, 12; females, 1. 13 from fire-arms.

Asphyxia from charcoal, males, 5; females, 4. 9 asphyxiated by charcoal.

Falls from elevated situations, males, 4; females, 2. 6 from falls from elevated places.

Suspensions, males, 6; females, 0. 6 from suspensions.

General Burning, male, 1; females, 1. 1 from extensive burning.

Crushed under carriages, males, 9; females, 2. 11 crushed by carriages.

Sudden deaths, males, 5; females, 0. 5 from diseases.

Homicides, male, 1; females, 3. 4 homicides.

Poisoning by the inhalation of noxious vapours, 1, from mephitism.

Poisoning, males, 0; females, 1. 1 from poisoning.

Sharp, or cutting, instrument, males, 1; females, 0. 1 cutting instrument.

Hours at which the bodies, or portions of bodies, were received:—253 were conveyed to the Morgue during the day, and 58 by night; making 311. There are 14 hours of active duty at the Morgue, daily.

The particular hours of the day at which the bodies are conveyed exhibits the fact, that there are hours when the receptions are greatest, from all species of death.

The fifth section of the Report states the different individuals who were recognised by friends, and the period of their deaths.

Number received in each month, male and female,—Total, 279. The maximum number was in May, and the minimum in November:—

May - -	41	December -	22
March - -	30	February -	19
July - -	29	September -	18
April - -	27	October -	18
June - -	26	January - -	13
August -	25	November -	11

Of these, 218 were recognised, being a greater number than at any similar period during the seven years preceding 1836.

The number of individuals interred by friends were five only, all of whom were females.

Those married, male and female, were 70; widows and widowers, 38; unmarried males, 97; females, 13. Total, 218.

Table of the ages of the individuals carried to the Morgue.

	Males.	Females.	Total.
From 5 to 25	9	37	46
25 to 45	58	52	110
45 to 65	48	39	88
65 to 85	21	8	29

	Males.	Females.	Total.
From 5 to 10	2	—	2
10 to 15	6	1	7
15 to 20	14	3	17
20 to 25	16	4	20
25 to 30	28	4	32
30 to 35	23	3	26
35 to 40	24	2	26
40 to 45	19	7	26
45 to 50	22	3	25
50 to 55	21	3	24
55 to 60	15	3	18
60 to 65	15	6	21
65 to 70	12	1	13
70 to 75	7	1	8
75 to 80	5	—	5
80 to 85	2	1	3
Age not determined - - -			1

The number of suicides recognized in this section was only 108, sixty-four of the drowned not being so. Of these, 80 were males, 28 females.

The author of the report proves that there was a more fixed determination to commit suicide, in persons from the age of 20 to 30 years. The suicides recognized were,—married, 33; unmarried, 45; widowers, 17; widows, 5. The professions of the suicides were,—

Military.....	10	Labourer.....	1
Invalids	2	Gardener.....	1
Old soldiers	1	News-venders	5
Military workers..	1	Postilion.....	1
Joiners.....	3	Hosier's clerk....	1
Printers	2	Librarian.....	1
Tailors.....	2	Plasterer.....	1
Wine-merchants..	2	House-holder	1
Shoemakers.....	2	Knife-grinder	1
Masons	2	Shopkeeper.....	1
Butchers	2	Apothecary.....	1
Pastrycooks	2	Coachmaker.....	1
Makers of cordials	2	Physician.....	1
Bakers.....	2	A registrar	1
Copper-founders ..	2	Hairdresser.....	2
Commission-agents	2	Indian-ink-maker.	1
Clerk to wine-merchant	1	Ropemaker.....	1
Porter	1	Delft-seller.....	1
Broker.....	1	Landladies	4
Jeweller	1	Laundry-maids ..	4
Cutler	1	Cooks	2
Paper-maker	1	No profession....	2
Stone-setter.....	1	Paper-worker....	1
Bell-maker.....	1	Sempstress	1
Paviour	1	Clergyman	1
Painter	1	Grocer.....	1
Bricklayer	1	Painter in porcelain	1
Varnisher.....	1	Brass-worker	1
Sailor	1	Unknown.....	2

Causes of suicide which were identified:—

	Male.	Fem.	Total
Mental alienation	10	12	22
Bad conduct	8	1	9
Disgust of life	6	—	6
Misery	4	1	5
Robbers	4	1	5
Disappointed love	3	1	4
Loss of money	3	1	4
Quarrels and domestic disappointments	1	3	4
Loss at play	3	—	3
Drunkenness	3	—	3
Result of quarrels	3	—	3
Incurable disease	2	1	3
Departure from, or separation of, family	1	1	2
Brain fever	2	—	2
Loss of wife	1	—	1
Embarrassed affairs	1	—	1
Result of remonstrance	1	—	1

As an inexact example of the period during which the body was submersed, and when withdrawn from the water, 12 drowned in January may be quoted. Of these, 5 were received during that month, 2 in February, 3 in March, and 2 in May.

Respecting the period of sojourn in water 30 bodies are stated to have been less than 24 hours in the water. From 1 to 10 days, 69. From 20 to 30 days, 19; and so on. The reporter asserts that female bodies remain a longer period in water than males.

Accidents leading to the submersion:—

Bathing	13
Drunkenness	8
Boating, or sailing	6
Falling from horses, while drinking	3
Playing on the shore	2
Fishing	2
Leaping near the river	1
Washing feet, saving others, storm blowing individual into water, &c.	4

It appears that there is no direct relation between the population of the department, and the number sent to the Morgue, the most populous not sending the largest number. The ratio of the entire population of Paris is 1 in 3,162, deficient a fraction. I have thus given a condensed view of the report for the year 1836, by M. Alph. Devergie, given in the *Hygiene Publique et Medicine Légale*, April, 1837, and shall at a future period supply you with a statement of cases collected during the past ten years of my practice in this city, which will, I hope, prove interesting to those who are pursuing medico-legal knowledge, and serviceable to the medical practitioner. I have the honour to remain, Sir, your obedient servant,

CHARLES O'REILLY, M.D.
Lic. of the King and Queen's Coll. of Phys. Ireland, and Lect. on Forensic Medicine, Dublin School of Anat., Digges-street.

25, Old Denmark-street, Dublin,
May 26, 1837.

STILETTED CATHETER.

To the Editor of THE LANCET.

SIR:—In presenting to the notice of the medical profession an instrument for relieving strictures of the urethra, by means of a catheter with a single-bladed stilette, it is not my intention to detract, in any degree, from the merit of Mr. Stafford, who is the original inventor of a cutting stilette, and by whom, I understand, it has been brought into pretty general use. I have, therefore, merely brought my instrument forward, because I consider it to be simpler, and more useful, although made on a similar principle, with the exception of a stop-cock, which Mr. Stafford's does not possess. The instrument is a silver male catheter, with an ivory handle, containing a lancetted stilette, which is retained within the tube by means of a spiral spring concealed in the catheter. Mr. Stafford's instrument does not possess any handle, but I consider that a firmer purchase may be had by one, and prevent any danger of the instrument rotating. The spring of Mr. S.'s instrument is also exposed, which gives it a more complicated appearance than mine, and there is danger of its being caught by the coat-sleeve, by which the stilette might be pressed out of its cavity, thereby giving rise to a probability of injuring the urethral passage. At the end of the handle is a regulating screw, for determining the distance that the operator may wish the stilette to protrude, which is to be pressed by the finger, and on removing the finger it instantly retracts, and the knife retires into its cavity, thus preventing any danger. Attached to the tube, close by the handle, is a stop-cock, which, on being turned round after the catheter has been passed into the bladder, will permit the flow of urine. The stop-cock prevents the necessity of withdrawing the stilette catheter, and introducing a common one, for as soon as the stricture is divided the instrument may be passed

up at once into the bladder, and the water drawn off. The instrument, as here represented, was made by Mr. Stevens, of Gower-street, North. I have the honour to remain, Sir, your obedient servant,

WILLIAM EVANS POPE.

University College, April 22, 1837.

CASES IN MIDWIFERY.

By J. BEDINGFIELD, *Esq., Surgeon, Stowmarket.*

RUPTURE OF THE URINARY BLADDER.

Mrs. F., aged 36, a small woman, with a well-formed pelvis, was, on the 4th day of July, 1829, delivered of her seventh child, after an easy and natural labour of about two hours' duration. The placenta immediately followed the child, and everything wore a favourable aspect.

Twelve hours after delivery she was attacked with pain about the lower part of the abdomen, which extended to the thighs. The pain was accompanied with rigor; neither, however, was so severe as at first to excite particular attention. On the following morning I found her with a good deal of fever, a rapid pulse, a furred, dry tongue, and a tense and extremely tender abdomen. The patient had likewise made several ineffectual attempts to expel the contents of the bladder; her countenance assumed an exceedingly anxious expression; there was great restlessness, with frequent turning from side to side, and throwing about of the arms. The pain at the upper and inner part of the thighs was also very acute, and the cutis highly inflamed. A vein was opened in the arm, but the patient fainted before eight ounces of blood had escaped; the catheter was passed into the bladder, but not one drop of urine followed. All the usual means for the removal of peritonitis (such as leeches, fomentations, &c.) were resorted to, but without any alleviation of suffering, and the patient sank on the fourth day after delivery. The inflammation on the left thigh had almost subsided; that on the right had extended nearly to the knee; it was of an intense red colour, attended with a sensation of burning heat; the skin and cellular membrane were much thickened, and would, had the patient survived, have formed extensive sloughs.

Upon examination after death it was discovered that the fundus of the bladder had given way, and that the urine had escaped into the cavity of the abdomen. The body of the uterus was well contracted, and free from inflammation, except around the margin of two pustules (of about the size of pins' heads) which had formed upon its anterior surface. The right fallopian tube, with its fimbriated extremity, was in a state approaching to mortification; the left was highly inflamed. There was but little inflammation, either of the peritoneum or the intestines; but the anterior part of the bladder, together with the cellular membrane interposed between it, the symphisis pubis, and the lower part of the recti and pyramidales muscles, were completely gangrenous, breaking down under the finger, upon the application of the slightest force. The urine had also been effused into the cellular membrane, upon the inside of the thighs, accounting for the inflammation and burning pain which existed, during life, upon those parts. There are many cases upon record of rupture of the bladder from accident, overdistention, &c., but I do not remember to have met with an instance in which it seemed to arise, as it were, spontaneously, no circumstance having occurred, either previous to, during, or subsequent to, parturition, to account for the melancholy termination of this case.

Medical School, Stowmarket,
May 25th, 1837.

FIRST EMPLOYMENT OF THE LOBELIA INFLATA IN ENGLAND.

To the Editor of THE LANCET.

SIR:—A sense of justice compels me to request the favour of your inserting the following observations in reply to a letter of Mr. Whitlaw, on the "Preparation and Properties of the Lobelia Inflata," published in THE LANCET of May 20, in which he evidently takes great credit to himself for having been the first, and, to the present day, the only observer of its poisonous effects on ruminating animals. How long the cows of America may have possessed a knowledge of the medical properties of the lobelia, it is not for me to determine. But I can confidently assert, that Mr. Whitlaw has no claims to the merit of introducing a knowledge of this plant to the medical profession, either in this country or in America; for until the latter end of the year 1832, Mr. W. never used the lobelia inflata as a medicine in this country. At that time the properties of the plant were becoming vaguely known to the profession as a powerful anti-spasmodic in asthma. Dr. Elliotson having previously used it, and pointed out its great superiority over every other remedy in speedily relieving attacks of spasmodic asthma, Mr. W. was induced to call upon that gentleman with a specimen of the lobelia prepared according to the mode described in his letter by the Shaking Quakers of New Lebanon, in the State of New York. Dr. Elliotson expressed his admiration of

the perfect state in which the plant was preserved, and immediately ordered a tincture to be made. But there being no formulæ for such a preparation I ventured on the following:—

℞ *Lobelia inflata*, 1 pound; *Rectified spirits of wine*, o iv; *Spirit of nitrous ether*, o iv; *Spirit of sulph. ether*, ℥ iv. Macerate for 14 days, perfectly excluded from the light.

Supposing, as experience has proved, that the addition of the ether would materially increase its anti-spasmodic properties. The medicine in this form was sent to *St. Thomas's Hospital*, and there, under the judicious direction of Dr. Elliotson, prescribed with singular success, to whom, alone, in my opinion, the profession and the public are indebted for whatever portion of human suffering has been, or may be, diminished by its introduction as a medicine.

As to Mr. Whitlaw's pretensions to a knowledge of the preparation of the plant, I may just observe, that on our separation last November, he was, until then, unacquainted with the ingredients composing the tincture. The mode of preparing it was then, at his own request, written out for his future direction. Although the respectable house of Messrs. Bell and Co., Oxford-street, may not have had any of the tincture or herb from Mr. Whitlaw since his removal to Argyll-street, yet they are, and have been, ever since the introduction of the medicine, supplied with the tincture as prepared by me from the plant imported from America. I am, Sir, with great respect, your obedient servant,

CHARLES WHITLAW, Surgeon.

14, Finsbury-place, South,
May 24th, 1837.

P. S. I observe that Dr. Sigmond, in a lecture reported in THE LANCET of May 13th, when speaking of the effects of tobacco in disordered respiration says, "At the time that the lobelia inflata was the subject of great panegyric, and that clinical lectures appeared in the periodicals extolling its virtues in asthma, there was not a particle of it in the market." Whether any of the above plant was in the drug-market at that time, I have no means of ascertaining, but when the medicine became a "subject of great panegyric," and when "clinical lectures appeared in the periodicals extolling its virtues," (vide LANCET, Jan. 26th, 1833,) Dr. Elliotson had been, for several months previous to all this, prescribing the tincture prepared by me, and at that time a large quantity was in our possession.

CLINIC AT GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR:—In consequence of the very sensible and satisfactory explanation given in a former number of THE LANCET, why our "respected teacher," Mr. Morgan, had delivered only two instead of thirty clinical lectures during the whole of the winter session, viz., that Mr. Morgan thought it better to deliver them in the summer, when the majority of students were in the country; and as this explanation appeared to have been given either by Mr. M. himself or by one of his friends, some few (though, forsooth, a very few) of the students expected that promise to be fulfilled. Five weeks of the summer session have now elapsed, without any probability of such being the case; and you will, perhaps, be surprised to learn, that in *Guy's Hospital*, containing between five and six hundred beds, although there are never less than a hundred students up in the summer, it is not the custom for either physician or surgeon to deliver one clinical lecture upon any case, however rare. Should Mr. Morgan's promise be fulfilled,—nay, if he give only one lecture during the summer,—making three lectures in 12 months, I will not, in justice to Mr. M., fail to communicate the fact to you and the public, before the issuing of the next STUDENTS' NUMBER of THE LANCET. I am, Sir, your obedient servant,

A PUPIL OF GUY'S.

June 1, 1837.

MR. LYON'S REJOINDER TO MR. DASENT.

To the Editor of THE LANCET.

SIR:—I am very unwilling to take up the pages of THE LANCET, by protracting a controversy which has originated, I fear, in the wilful opposition of certain parties to facts which they themselves have signed and recognized. If Mr. Dasent repents of his innocent imprudence in affixing his attestation to the successful treatment of Dr. Turnbull, he might surely give utterance to his sorrow in a more comfortable way than by knocking his head against facts. The personal abuse of myself I treat with the contempt which all similar unprofessional conduct deserves. It is not the way to foster improvements in medicine, or in any other department of human knowledge. In his first letter, Mr. Dasent says, "I refused to sign the report, in consequence of the inaccuracy of its conclusions;" and in his second, "the fact is, that my testimony refers merely to the simple history of the cases, exclusive of Dr. Turnbull's con-

clusions;" and he further adds, "I have only to observe that he (Mr. Lyon) has no writing of mine in his possession which is inconsistent with the tenor of my letter."

The facts I challenge Mr. Dasent to disprove are:—*First fact.* Mr. Dasent, in my presence, *signed separately each report* from beginning to end, not only of the history, but also of the *conclusions* of *eight* of the *eleven* cases given for trial to Dr. Turnbull at the Roy. West. Ophthalmic Hospital, and related in Dr. Turnbull's late work on Diseases of the Nerves and Eyes. The history of the three other cases was drawn up by Mr. Dasent, and the *conclusions* added and signed in my presence by Mr. Baillie, the house-surgeon of the Roy. West. Ophth. Hospital, at the time Dr. Turnbull's trials ceased.

Second fact. The *separate reports*, containing the *conclusions* of *eight* cases, *signed by Mr. Dasent*, and the other three signed by Mr. Baillie, are *in my possession*, and may be seen by any one calling upon me at my residence.

Where the truth rests, disinterested parties can have no difficulty in ascertaining. My facts are before the public; they stand on their own merits: but, whilst stating this, I cannot too severely reprehend the reckless statements made by Mr. Dasent, and the painful sacrifice of truth to petty jealousy they evidently involve. I am, Sir, your obedient servant,

I. Lyon, M.R.C.S.L.

25, Montague-street, Russell-square,
May 27th 1837.

DR. CLANNY'S EMPLOYMENT OF CARBURETTED HYDROGEN.

To the Editor of The Lancet.

Sir:—This day only, I received No. 7 of the present volume of The Lancet, in which I observe a communication signed "A Constant Reader," which contains several incorrect and unjust remarks upon a communication of mine which was inserted in the previous number of The Lancet. I am well aware that I am not called upon to reply to this or to any other anonymous correspondent, but for the cause of truth I think it expedient to request that you will be pleased to reserve a place in a number of The Lancet for a few remarks, by way of reply—premising that I wage not war with anonymous scribes.

The first sentence of the above-mentioned communication runs thus: "In the last number of your valuable journal there is a case of phthisis pulmonalis recorded by Dr. Clanny of Sunderland, in which he states that a cure was effected by the inhalation of carburetted hydrogen gas." Now, I fearlessly assert that I never wrote or said any such thing; nor am I answerable for the surmises of this or any other writer. All that I desire is, that any of your readers who think differently will take the trouble of again perusing my paper, and form their own conclusions.

The next sentence of this "Constant Subscriber" is as follows:—"That this patient was even the victim of consumption remains to be proved." It is evident that the writer does not know the meaning of the word "victim." I stated formerly, and now repeat, that my patient is not the victim of any disease! I observe that this "Constant Subscriber" has the arrogance to refuse me the credit of understanding the nature of the disease under which my patient laboured. I hereby challenge him to proceed to her residence and prove the truth of his assertions, or appoint a substitute, if the former plan be inconvenient.

I admire his modesty in quoting my description of my patient's disease, and then condescending to afford us information, by which he infers that we shall be enabled to discriminate between phthisis pulmonalis and chronic bronchitis; and concludes, *without having seen the patient*, that her disease must have been chronic bronchitis. In my concluding paragraph I used the following words:—"Being pinched for time I write *currente calamo*." This at once explains that I had not time to give a lengthened history of the case of my patient.

The last paragraph of the "Constant Subscriber" is equally remarkable for candour and truth. It is as follows:—"It is mentioned that Dr. Clanny's mode of treating phthisis, by inhaling carburetted hydrogen is new. A very little research will prove that this is far from being the case." Now what is the fact? I will explain in a few words. In no part of my communication have I stated that the plan was new: the reader was left to draw his own conclusions. And, in reply to the second assertion contained in this paragraph, I unreservedly assert that I have never read or heard reported by any individual that carburetted hydrogen gas, or mixtures of that gas and of atmospherical air, have ever before been employed therapeutically, under the form of inhalation. All I desire is, that any competent person, whose judgment is not warped by prejudice, will please to read the accounts of *attempts* which were made to inhale mixtures of carburetted hydrogen gas and air by those eminent philosophers Davy, Turner, and Christison, and then the truth will stand revealed.

In my paper, which was recently published in the sixth number of this volume of The Lancet, I gave my reasons for making trial of weak mixtures of carburetted hydrogen gas and air, under the form of inhalation; and no doubt remains in my breast that I had taken a proper view of the subject. (*Vide*

Christison on Poisons, page 703.) I take leave to remark, that by suitably regulating the inhalation of mixtures of carburetted hydrogen gas and air, I was enabled, in a great measure, to command the impetus of the circulation of the blood in my patient, Ann Robinson; and, such is the power of this inhalation over the brain and nervous system, that I am persuaded it will be found to be a most valuable therapeutical agent in spasmodic diseases; and, should I be again called to visit a case of hydrophobia, I will instantly employ this powerful remedy.—I remain, Sir, your most humble servant,

W. Reid Clanny.

Sunderland, 27th May, 1837.

*** Dr. Clanny must not be further replied to anonymously, nor without such personal enquiries having been made as he has challenged.—Ed. L.

ENACTING CLAUSES OF

A BILL

FOR THE BETTER REGULATION OF HOSPITALS, DISPENSARIES, AND OTHER

MEDICAL CHARITIES IN IRELAND.

[*Prepared and brought in by Lord Viscount Morpeth, Mr. Attorney-General for Ireland, Mr. Fitzstephen French, and Mr. William O'Brien.*]

1. Whereas it is expedient to make provision for the better regulation of the several hospitals, dispensaries, asylums, and other medical charities now existing, or which may hereafter be required in Ireland; Be it therefore enacted, &c. that from and after the *first* day of *October*, 1837, the parts of the several Acts hereinafter mentioned shall be repealed; that is to say, so much of an Act of fifth George III. as relates to the qualification of surgeons to be elected for public infirmaries, or hospitals, in Ireland, and to the presenting of money by the grand juries for the support of same; (numerous other Acts and parts of Acts relating to Irish medical charities, are here recited.)

2. And be it enacted, that it shall and may be lawful to and for the lord lieutenant or other chief-governor or governors for Ireland for the time being, to nominate and appoint four fit and proper persons, being physicians or surgeons duly qualified by the provisions of this Act, to be inspectors of hospitals, infirmaries, asylums, dispensaries, and other medical institutions in Ireland, removeable at the will and pleasure of the lord lieutenant, or other chief-governor or governors of Ireland for the time being; and such four persons shall perform all the duties prescribed for the medical inspectors as directed by this Act.

3. And be it enacted, that each of the said inspectors shall receive such salary as the lord lieutenant or other chief-governor or governors of Ireland shall appoint, not exceeding to each the sum of hundred pounds in the year, together with such allowance for travelling expenses as the said lord lieutenant or other chief-governor or governors shall appoint; which salary and allowance shall be payable in quarterly payments out of the consolidated fund of the United Kingdom of Great Britain and Ireland.

4. And be it enacted, that such inspectors shall not themselves be attached to, or in anywise connected with, any hospital, infirmary, asylum, dispensary, school of surgery, pharmacy, or other medical institution whatever, or derive any pecuniary emolument from private practice as a physician or surgeon, or from the performance of any duty imposed upon them by this Act, other than the salary and allowance hereinbefore provided.

5. And be it enacted, that the said inspectors may meet and sit from time to time, in such place or places as they shall find most convenient, with or without adjournment, and shall have an office in the City of Dublin, to be called "The Medical Charity Office;" and that all acts, matters, and things which the said inspectors are by this Act authorised to do or execute, may be done and executed by any two or more of them; and that they shall and may, with the consent and approbation of the lord lieutenant or other chief-governor or governors, employ such clerks and officers as they may find necessary; and that all and every the persons so employed in any such capacity may from time to time be dismissed at the pleasure of the said inspectors, and any other person or persons, with the like consent and approbation, appointed in his or their stead, and shall make such general regulations respecting the medical care of patients deriving medical aid from infirmaries, fever hospitals, asylums, dispensaries, and other medical institutions in Ireland, and such other rules and regulations for the general management of such institutions as they shall think proper, and shall have power from time to time to alter such regulations.

6. And be it enacted, that from and after the *passing of this Act*, the said inspectors shall be inspectors of all district lunatic asylums supported by presentments in Ireland, established under any acts now in force; and such inspectors shall have all the same powers relating to the inspection of such lunatic asylums as by any Acts now in force relating to such lunatic asylums are given to the inspectors general of prisons,

who shall cease to have any authority to inspect or visit said lunatic asylums.

7. And be it enacted, that every hospital, asylum, dispensary, and other medical charity in Ireland shall be visited twice at the least in every year by one or more of the said inspectors, who shall report upon the state of every such institution to the Medical Charity Office in Dublin.

8. And be it enacted, that the Poor Law Commissioners for the time being, acting in the execution of an Act of the present session of Parliament, intituled, "An Act for the more effectual relief of the poor in Ireland," shall hereafter exercise a general superintendence over all infirmaries, hospitals, dispensaries, asylums, and other medical charities throughout Ireland, and over the said medical inspectors appointed under the provisions of this Act.

9. And be it enacted, that before the twentieth day of January, one thousand eight hundred and thirty-eight, and so in every succeeding year before the twentieth day of January in each year, the governors, directors, or committees of the several hospitals, infirmaries, asylums, dispensaries, and other medical charities in Ireland, or the treasurer or other proper officer of every such institution respectively, shall yearly and every year make out and deliver or transmit to the Medical Charity Office in Dublin a return containing a statement and accounts of all the funds intrusted to the governors, directors, or committees of every such institution respectively, for the benefit of every such institution, and of the application of such funds for the year ending on the thirty-first day of December preceding such twentieth day of January, with the balances of the debts and credits, and of the whole funds of every such institution respectively, on such thirty-first day of December; and also the number of patients or persons received into and sent out of every such institution respectively during such preceding year, and the number of persons who have received advice or medical aid therein during such year, and the number of patients remaining therein at the time of such return, and the number and names of the physicians, surgeons, officers, servants, and other persons employed in or about the management of every such institution respectively, together with an estimate of the amount which will probably be required for the maintenance throughout the year of such institutions respectively, in which estimate shall be stated in detail all expenses that will probably be incurred, whether for buildings, repairs, provisions, medicines, salaries, or other expenses incidental to such institutions, and shall transmit such estimate to the said Medical Charity Office, with all such other matters and things relating to the management, revenue, and expenditure of every such asylum respectively as shall from time to time be required by the said medical inspectors for the full disclosure of the state of every such institution respectively; and all the said returns, statements, and accounts shall be signed by the secretary, treasurer, or chief officer for the time being of every such institution respectively, and shall be confirmed as just and true statements by the signature of three governors, directors, or committee of every such institution respectively.

10. And be it enacted, that a half-yearly return of the state of disease in each district, and of the number of patients to whom medical aid has been administered in each of the institutions aforesaid, shall be transmitted to the said Medical Charity Office by the medical attendants attached to each such institution; and a general abstract and summary of such returns, together with a general abstract and summary of the expenditure upon each class of the medical institutions aforesaid shall be laid before Parliament in each year during its sitting.

11. And be it enacted, that the medical inspectors shall have, and they are hereby authorized and empowered to use and exercise, all such powers for the obtaining of the accounts, statements, and returns by this Act required to be made, relating to the said institutions, and in the exercising and stating of the accounts of the receipt and expenditure, and of the debts and credit of every such institution respectively, as are given to or vested in the commissioners of accounts, under and by virtue of an Act made in the fifty-second year of the reign of his late Majesty George the Third, intituled, "An Act to provide for the speedy and regular examination and audit of the public accounts of Ireland," with respect to the matters and things required to be done by the said commissioners of accounts under the said recited Act; and all and every persons and person shall be subject and liable to such pains and penalties, for any disobedience to any orders of the said inspectors, in the execution of this Act, as are inflicted or imposed by the said recited Act, on persons disobeying the orders of the said commissioners under the said recited Act.

12. And be it enacted, that from and after the passing of this Act it shall and may be lawful for the Lord High Treasurer or the Commissioners of His Majesty's Treasury of the United Kingdom of Great Britain and Ireland, from time to time to order and direct that any sum or sums of money shall be advanced and issued and paid out of the growing produce of the said consolidated fund to such person or persons as shall be named in any such order, or into the Bank of Ireland, in the name or names of any such person or persons, to be from time to time paid and applied, under the direction of the medical inspectors, for the purpose of carrying on, maintaining, and supporting any such insti-

tution from time to time in any district in Ireland, to such amount, and at such times, and in such manner and proportions, and upon such estimates, and under such rules, regulations, terms, and conditions, and with such penalties for breach of such rules, regulations, terms, and conditions, as to the lord-lieutenant or other chief-governor or governors of Ireland shall seem best suited for promoting the beneficial purposes of any such institution, according to the provisions of this Act.

13. And be it enacted, that the elections of all physicians or surgeons to any hospital, infirmary, asylum, dispensary, or other medical institution in Ireland, shall be from amongst the members or licentiates of one of the royal colleges of physicians or surgeons, or chartered universities in Great Britain and Ireland.

14. And be it enacted, that it shall and may be lawful to and for the medical inspectors, by and with the consent and approbation of the lord-lieutenant or other chief-governor or governors of Ireland, wherever the public convenience may require such a proceeding, to alter the hospital or dispensary districts now existing, and to make new districts, either by uniting together, dividing, or otherwise altering the present districts, or in such other manner as the said inspectors shall think proper.

15. And be it enacted, that it shall and may be lawful to and for all bodies politic and corporate, trustees, guardians of infants, committees of lunatics, femes covert, with their husbands, and all other persons whatsoever who are or shall be seised or possessed of or interested in or entitled unto any estate or interest whatsoever in the lands, houses, grounds, tenements, buildings, or hereditaments, which by the said medical inspectors shall be thought necessary to be rented or purchased for any of the purposes of this Act, by deeds indented and enrolled, to demise, sell, and convey all and any such grounds, houses, tenements, or hereditaments, or any part thereof, and all the respective estates and interest therein, to the said inspectors, or any two of them, and their heirs and successors, and that all contracts, agreements, bargains, sales, and conveyances that shall be so made, shall be good and valid in law, to all intents and puposes whatsoever; and that such medical inspectors for the time being, and their heirs and successors, shall be trustees of all such houses, lands, tenements, and hereditaments, as shall be conveyed to or vested in them under and by virtue of this Act, for the purposes herein provided, and for no other purpose whatsoever.

16. And be it enacted, that all and every of the provisions of an Act passed in the fiftieth year of the reign of King George the Third, intituled, "An Act for repealing the several Laws relating to Prisons in Ireland, and for re-enacting such of the Provisions thereof as have been found useful, with Amendments;" or any Act for amending the same, which affect or relate to the purchase, holding a court and valuation of lands, tenements, or hereditaments, for the sites of gaols or prisons, or to any notices, proceedings, summonses, verdicts, and judgments, or to any conveyances or enrolments, or to the lodgments of consideration-money, or to petitions to the high court of chancery in Ireland, or to any payments of purchase-money, or to any rights and titles of parties interested, shall be held to apply to the valuation of lands, tenements, or hereditaments, rented or taken for the purchase of land under the provisions of this Act, and such verdicts, judgments, and conveyances shall be binding and conclusive, to all intents and purposes whatsoever, and that all the powers vested in the commissioners by said Act, or of any Act for amending the same, shall be and are hereby vested in the said medical inspectors, or any two of them, for the purpose of the valuation of all lands, tenements, and hereditaments, for the purposes of this Act.

17. And be it enacted, that from and after the *passing of this Act*, it shall and may be lawful to and for every archbishop, bishop, dean, dean and chapter, archdeacon, dignitary, or prebendary, to grant, by his or their deed, or deeds, respectively, any piece or parcel of land, not exceeding *six* acres plantation measure, as and for the site of a hospital, asylum, or dispensary, in such and the like manner as such archbishop, bishop, dean, dean and chapter, archdeacon, dignitary, or prebendary, is empowered to do with respect to land for the site of a church and churchyard, in and by an Act passed in the Parliament of Ireland in the 33rd year of the reign of King George the Second, among other things to encourage the building of new churches: Provided always, that such grant shall and may be made either to the churchwardens of the parish in which said land shall be situate, and their successors for ever, according to the directions of the said Act of the thirty-third year of King George the Second, or to the said medical inspectors, as the lord-lieutenant, or other chief-governor or governors of Ireland shall order and direct; and such grant shall be good and effectual against such archbishop, bishop, dean, dean and chapter, archdeacon, dignitary, or prebendary, and his and their successor and successors; and the churchwardens of such parish and their successors for ever, or such inspectors as aforesaid, and their heirs and successors, shall be and are hereby empowered and made capable of receiving and enjoying the benefit of any such grant, for the purpose aforesaid, in like manner as by the said Acts, or either of them, is provided, with respect to any land granted for the site of a church and churchyard, or lunatic asylum, respectively.

18. And be it enacted, that it shall and may be lawful for any body corporate or collegiate, civil or ecclesiastical, aggregate or sole, to demise or lease any lands within the kingdom of Ireland to the governors, trustees, or other proper officers of any public hospital, or hospitals, within the said kingdom, for the use of such hospital or hospitals, or for forming a cemetery to belong thereto, for any term of years, or for life or lives certain, or lives renewable, at the best yearly rent that can then be obtained for the same, and subject to such covenants, conditions, and provisos, as shall be agreed upon between the said lessors and lessees; and in every such lease there shall be reserved a power of re-entry, on non-payment of the rent, reserved within a reasonable time after the same shall become due and payable; and every such lease shall be good, valid, and effectual against every person having, or claiming to have, any charge or incumbrance affecting either in law or equity the lands or premises comprised therein: Provided always, that no such lease shall demise a greater quantity than thirty acres, and that no fine shall be taken or received for making any such lease or demise, or on any renewal thereof.

19. And be it enacted, that it shall and may be lawful for the said lord high treasurer, or commissioners of His Majesty's Treasury, to order and direct that any sum or sums of money shall be advanced and issued, and paid out of the growing produce of the said Consolidated Fund to such person or persons as shall be named in any such order, or into the Bank of Ireland, in the names of any such person, or persons, to be paid and applied for the purpose of erecting and establishing any such institution for the poor in any such district in Ireland, in such sums and at such times, and in such manner and proportions, and under such rules, regulations, terms, and conditions, and to annex such penalties for breach of such rules, regulations, terms, and conditions, as to the lord-lieutenant, or other chief-governor and governors of Ireland shall seem best suited for promoting the beneficial purposes of this Act.

20. And be it enacted, that it shall be lawful for the grand jury of any and every county, county of a city, or county of a town in Ireland, in or for which, either wholly or in part, any such institution hath been or shall be erected; and such grand jury are hereby required, at the assizes next after the date of any such order for the advance of money for the erecting, opening, carrying on, or maintaining any such institution, or as soon after as they shall be thereto required, and from time to time, whenever the case shall happen, to make a presentment for the raising off any such county, county of a city, or county of a town, and without the same having been previously submitted to the special sessions, such sum or sums of money as shall be necessary for the repayment of any such sum or sums so advanced, or any part thereof, at such times and in such proportions as shall be directed and ascertained by any order, or orders, to be made by the lord-lieutenant, or other chief-governor, or governors, of Ireland: Provided always, that all houses and buildings adjoining to any city, or town, in Ireland, and considered as part of such city, or town, shall be liable to be assessed for such presentments under the provisions of this Act, as if such houses or buildings were within such city or town, notwithstanding any local or other Act to the contrary.

21. And be it enacted, that if any such grand jury shall neglect or refuse to make any such presentment, the judge of assize shall and may and is hereby required to order the sum or sums which ought to be so presented to be raised as if the same had been so presented, and the same shall be raised and paid accordingly: Provided always, that the certificate of the chief secretary, or under secretary for Ireland, shall be sufficient evidence of the advance of money and order of the lord-lieutenant, or other chief-governor or governors of Ireland, upon which the several grand juries and judges of assizes shall make such presentment.

22. And be it enacted, that whenever a poor-rate is established in Ireland, under the provisions of any Act to be passed for the relief of the destitute poor in Ireland, and in course of collection throughout Ireland, the sums to be advanced by order of the lord-lieutenant, or other chief-governor or governors of Ireland, as aforesaid, shall be paid out of such poor-rate, and that from thenceforth the power of grand juries to present for same shall cease and determine.

23. And be it enacted, that the sum paid annually to the treasurer of the hospitals and infirmary out of the Consolidated Fund in Ireland, under the provisions of an Act passed in the fifth and sixth years of the reign of King George the Third, intituled, "An Act for erecting and establishing Public Infirmaries, or Hospitals, in this Kingdom," shall in future be paid and applied towards the salary and expences of the medical inspectors and Medical Charity Office in Ireland.

24. And be it further enacted, that all fines and penalties imposed by any Act now in force in Ireland, or any fines or penalties imposed upon any person by any court of justice in Ireland, shall be applied to the benefit of the infirmary of the county, county of a city or town in which the offence for which such fine or penalty has been inflicted shall have been committed.

25. And be it enacted, that this Act may be altered, amended, or repealed in this present session of Parliament.

THE LANCET.

London, Saturday, June 3, 1837.

"Suspicion always haunts the GUILTY mind,
The thief doth fear each bush an officer."

In the full spirit of the above quotation, all is suspicion and fear among the corruptionists in the Dublin College of Surgeons. Already do they see the end of their unjust, insulting, and mischievous monopoly, in the supposed enactments of the projected Irish Medical Charities Reform Bill, about the provisions of which they confess they know absolutely nothing! Why, then, it may well be asked, all these guilty fears? Simply, because that Bill is to emanate from a Government which, for the first time in the history of Ireland, has legislated upon *just* principles for the *public* benefit, and, therefore, to the confusion of all monopoly. Were there no other evidence against the College, this alone would suffice to damage and expose the rottenness of their unrighteous cause. Urged by the intensity of their woful anticipations, and a mixed desire to make friends by patronage and bribery, they have sent another deputation to this metropolis, to confer with, and chouse, if possible, the Irish Secretary, in whose hands the Bill is, as well as to gull the liberal, independent, and patriotic Members of Parliament. So great, too, is their anxiety, that the faction, with their wonted cunning, have even controlled their well-known Orange propensities, and made the deputation to consist of no less than two Catholics to one Protestant, both the former being (nominally at least) of the Liberal party in politics; and all this with the professed object of making it appear, that both the great rival parties in Ireland unite together, and sink all their differences, in order to maintain inviolate the corruptions of the Irish College, and that the Liberal party especially, are so minded and so resolved.

But neither the Legislature nor the public are any longer to be deceived by the specious, but altogether false, representations of a mere selfish faction, contemptible alike in point of number and talent, and who would still, as they have ever done, sacrifice every consideration, and every interest, to maintain, *per fas aut nefas*, their monopoly, which has been so long the ready and mischievous instrument of their avarice and malignity; the day for such an iniquity has long passed away; monopolies must cease; legislation must proceed on just and general principles. As to the deputation in question, we have already exposed the nature of its composition; we have exhibited the fraud, trick, and cunning displayed in the very selection of its members; we have proved that they are merely the interested representatives of the school-faction in the College.

We may embrace this opportunity, however, to make some general observations, which are suggested on the present occasion; but first let us remind our readers, that the corruptionists have ever contrived to speak of their school-monopoly under the fraudulent, but plausible, appellation of "THE COLLEGE," by which they always mean, neither more nor less than, the school of Messrs. JACOB and HARRISON. The grounds, then, upon which these monopolists have always rested their defence, if defence it can be called, and which have hitherto been successful, only because not sifted and examined, are chiefly two, viz.:—

1. That the Dublin College of Surgeons (*i. e.*, "Our School") is a national institution, liberal, useful, and popular.

2. That the education required by the Dublin College is far superior to that which is required by any other similar institution, and, therefore, that the College is entitled to possess superior favour and superior privileges. A very few observations will serve to demonstrate that nothing can be

more false in fact, or more untenable in argument, than both of these propositions; they have, in truth, no foundation whatever; they are but the gossamer sophistries of interested and unprincipled cunning on the one hand, and ignorant vanity on the other.

1st. We shall not pretend to say what the Dublin College *might* have been, had the spirit of its charter been fully and honestly exerted; but now, beyond a question, it is neither national, nor liberal, nor useful, nor popular, but positively the very opposite of all these; and the opposite of these it would still remain, even if its present constitution and policy were universally approved and maintained by all, instead of being, as now, warmly opposed by the majority of its alumni in point of number, and almost the sum total in point of talent and respectability. And the reason is obvious: the spirit of the charter never was adequately rendered, but almost from its very foundation the whole College has been changed into a school-job monopoly, to nurture and maintain which every wise and liberal intention of the Legislature has been frustrated, and every power and principle fraudulently perverted to meet the objects of avarice and malignity. This job has been strengthened and fortified by every species of exclusive entrenchment and defence that illegality, corruption, and cunning, could devise. The consequence has been, that the Irish College, viewed even in the aggregate of its members and licentiates, represents a very small fractional part of the Irish medical public, the great mass of whom, fully their equals in everything that constitutes respectability, are most unjustly and *illiberally* treated with exclusion, insult, and impertinence, and denied equal privileges, as if they were beings of an inferior grade; and this without any beneficial result whatever, and for the sole crime that the parties aforesaid did not purchase their certificates, their stock in trade, from the *bizarre* emporium of Doctor JACOB and Co. "Such is the very head and front of their offending." Any privilege or monopoly conferred upon a minority, must be as injurious to the interests, as it is hostile to the feelings, of the majority. To call any institution *national* that does nothing but confer an insulting and unmerited pre-eminence upon a miserable monopolising minority, is evidently a gross perversion of terms, and an outrage at once upon justice, sound policy, and common sense. Neither is the Irish College a useful body, for it has produced nothing whatever, but A PRIVATE SCHOOL, while numbers of private schools, superior in every respect, flourish all around it, without any extraneous aid whatever, nay, even in spite of the antagonising monopoly in the College. We might go further, and prove the Irish College to be highly injurious, not to professional interests only, but likewise those of the public at large, as, indeed, we have often done before, but for our present purpose, it is enough to demonstrate its utter *inutility*. Nor is the Irish College *popular*; its galling unpopularity is sorely felt throughout the provinces, and even in Dublin, where alone an unthinking or incapable few hold such an opinion, gulled and imposed upon by personal influence and newspaper puffing.

2ndly. There is about an equal degree of truth and honesty in the boasted pre-eminence of the Dublin College education; this, we say, notwithstanding their half-yearly examinations, which, being mere formal exhibitions, enacted by the professors, or their creatures, (who are deputed only because they are their creatures) have become, as we learn from the most unquestionable sources, quite a farce as tests of information and acquirement, and are a complete laughing-stock even among the pupils themselves: it is but fair, however, to acknowledge, that they amply fulfil the intentions of the founders, which we believe never extended beyond the double object of bringing pupils into constant close relation with the school-professors and their nominees, and of constituting a convenient vehicle of *ad captandum* advertising and boastful puffing.

The "system of *superior* education" pursued in the Dublin College is quite complete, and, indeed, unique, but still it is an Irish system, and, as a means of acquiring knowledge, perhaps not altogether unworthy of the celebrated Doctor DRUMGOOLE. It consists of three parts, which are regularly dovetailed into each other, and which constitute inseparable segments of Messrs. JACOB and HARRISON'S job. They are as follow:—1. Lecturing, with certificates of course. 2. *Grinding*, as it is called in Dublin, which means rehearsing by a species of private drilling, a certain number of

answers to a certain number of questions given in the self-same words and manner as it is known from experience they will be given by the professors themselves, when they pass from the theatre to the Examination Hall. 3. Examinations half-yearly and final. Thus, it will be observed, the circle is complete, there is nothing wanting. The perfectly-circular orbit, which the blinded mill-horse, in his daily monotonous labour, so slowly, but then so accurately, and so admirably, traces out, without a single deviating step of rectilinear advancement, forms but a poor standard of comparison by which to measure the surpassing excellence of Messrs. JACOB and HARRISON'S "superior" system.

Granting, then, that the *curriculum* of the Dublin College, for argument's sake, is more ample, and requires a greater number of certificates to be bought than at any other College, observe how "well it works" under the school-job monopoly. First, we have *favoured lecturers;* secondly, we have *favoured grinders;* and, lastly, we have *both the favoured lecturers and the favoured grinders,* or their creatures and nominees, examining throughout. Thus, a pupil, for a given number of seasons, listens to the same identical common-places in anatomy and surgery, from year to year, as they fall laboriously, or flippantly, from the respective lips of Messrs. JACOB, HARRISON, and PORTER, the professors of those branches of science. These common-places, "done" into a certain number of questions and answers, are next *ground* into the brains of the pupil aforesaid by the favoured grinders, Messrs. DILLON and LEESON, who are also demonstrators in the College School. Finally, Messrs. JACOB, HARRISON, and PORTER, on the one hand, and Messrs. DILLON and LEESON on the other, unite together, and, personally, in concert, or by deputies, (who are but echoes of themselves) rehearse the identical self-same questions and answers to the common-places aforesaid, which elaborate process they repeat some four or five times, and the last of which puts the finishing stroke to the superior "system" of education, and makes, constitutes, and appoints, the pupil so lectured, ground, and examined, a Licentiate of the Royal College of Surgeons in Ireland.

This may appear to be a superior system of education in the eyes of Messrs. JACOB and HARRISON, whose powers of vision are somewhat sharpened by the pounds, shillings, and pence which they receive for their more ample curriculum of lecturing, grinding, and examining. The excellencies of this superior system may seem so many and so great as to merit special favour and protection from the Legislature to the superior judgment of Messrs. ROONEY, CORR, and EVANSON, quickened, as their intellect must be, by the receipt of their five guineas a day each; but to us, who labour under the disadvantage of being forced to view the question without let or bias, simply on its own merits, and with a view to justice, the public interests, and the promotion of science, we must declare that we know of no system better calculated to "cabin, crib, confine," the faculties of the mind, and to eventuate in the bitter fruit of the most unmitigated illiberality, and the most narrow-minded and ignorant dogmatism. It is to perpetuate such a deplorable result that we are now called upon to arrest the progress of reform in the legislature, because, in so doing, we shall minister to the avarice, and tend to secure the power and the vested rights, of Doctor JACOB and Company, who have no one reason to plead in their defence; theirs being a case of the most outrageous and mischievous usurpation. Once more; the Irish College (that is Dr. JACOB'S school monopoly) merits not the slightest mercy, and to this judgment do we come, without regard to the Irish Poor Law, upon whose provision we at present express no opinion one way or the other.

SINCE the foregoing remarks were written on the subject of the College of Surgeons in Ireland, and the school job of that Institution, a Bill has been delivered to the Members of the House of Commons, bearing the following title, "A Bill for the better Regulation of Hospitals, Dispensaries, and other Medical Charities in Ireland."

Who could object to the *object* thus announced? But mark the detestable device which is to be resorted to for the attainment of that object. No! We are wrong. We must decline saying anything of the *object*

which the promoters of this Bill have in view. It is enough for us to shew, that whatever may be the *motives* of the promoters of this measure, the *effect* of the Bill must be, if ever such an odious measure shall be enacted into a law, to insult and enthral the whole body of *Irish practitioners*, and, ultimately, *the whole medical fraternity of England and Scotland*. Since the Poor Law Amendment Act has been in operation in England and Wales, have not the indignant exclamations of the profession been heard in every city, town, and village of the kingdom, against the tyrannical and oppressive conduct of the Poor Law Commissioners? Only one answer can be given to this question. The petitions of the profession have been presented to the House of Commons in shoals, praying for relief from the despotic rule of the three lay despots who exercise their sovereign and legislatorial sway in an office of Somerset House. One main object of the Committee now sitting on the operation of the new Poor Laws, was to inquire into the complaints of the petitioners, and furnish them with the means of relief. Yet what is the proposition which is now submitted to Parliament, in this Bill for the "*better* regulation" of the hospitals and other medical charities of Ireland? We have just enough of patience to state, that the profession of this empire is offered the gross and scandalous insult of being told, that all the medical charities of Ireland, as well as the medical affairs of the Unions, shall be subjected to the merciful superintence of the *English* Poor Law Commissioners,—of those three men in Somerset House, against whose conduct the WHOLE PROFESSION of England have united to remonstrate before the Legislature! But we seize the earliest possible moment for submitting to the profession the clauses of that Bill which contains the outrageous proposition to which we have referred. They will be found at p. 374 of this week's Number of THE LANCET.

With the exception of the first clause, which merely provides for the repeal of certain statutes which were enacted between the fifth year of the reign of GEORGE III. and the seventh of the reign of his present Majesty WILLIAM IV.,—with the single exception of this one *repealing* clause, we insert a verbatim copy of the preamble and enacting clauses of this Bill. Thus the profession in Ireland will have an opportunity of seeing every essential part of the measure which can in any respect affect their interests, and against the enactment of which they ought to petition and remonstrate without one moment's hesitation and delay. The *eighth* clause is the one in which it is proposed to subjugate the members of the medical profession in Ireland to the will of the Poor Law Commissioners. In England, Ireland, and Scotland, there are not less than twenty-five thousand medical practitioners. We appeal to them on this occasion, and ask if they will submit tamely and in silence to this attack upon their interests—to this outrage upon their professional independence—to this insult offered to their feelings of the members of a learned and highly honourable profession?

The reference made in the eighth clause to the Irish Poor Law Bill, now before the House of Commons, has induced us to refer to that measure, as it has just been reprinted, with alterations; and, to our confusion and astonishment, we find at page sixteen of the Bill the following clause, numbered forty-seven:—

"47. And be it enacted, that the commissioners shall, and are hereby authorized and required, from time to time to visit and inspect and inquire into the management of every hospital, asylum, infirmary, dispensary, mendicity, or other charitable institution (not being an institution dedicated exclusively to religious purposes, or a school), not wholly supported by voluntary contributions, and to require from all persons in whom any estate, property or funds belonging to or held in trust for any such hospital, asylum, infirmary, dispensary, mendicity, or other charitable institution, shall be vested, or who shall be in the receipt of rents, profits or income of any such estate, property or funds, a true account in writing of the place where such estate may be situate, or in what mode or on what security such other pro-

perty or funds may be invested, with such detail of the rents, profits, and income thereof, and the appropriation of the same, and of all other particulars relating thereto, as the Commissioners shall think fit; and that the Commissioners may from time to time, as they may see fit, make and issue all such orders as they shall think proper for enforcing obedience to, or conformity with, the statutes, charters, deeds of foundation or endowment, wills of donors, or bye-laws by which any such hospital, asylum, infirmary, dispensary, mendicity, or other charitable institution as aforesaid should by law be governed, and with the lawful objects and purposes of its foundation, and also for the government of every such hospital, asylum, infirmary, dispensary, mendicity, and other charitable institution, and the officers thereof, as the Commissioners may deem necessary for the prevention of any conflict between the objects and purposes of any institution, and the objects and purposes of this Act."

Both of these measures concur, therefore, in placing *all* the hospitals and other medical charities of Ireland, and all the medical officers of that country under the control of the *present* and future Poor Law Commissioners.

If the scheme be carried with regard to Ireland, *a proposal will be made, within twelve months, for extending it to England and Scotland.* Such is the mode which Ministers have devised, and are devising, for replying to the humble prayers of some thousands of British practitioners in medicine. We have only time to add that we shall return to this subject in the next LANCET. Meanwhile we hope that the profession will make their feelings known to the Government, by discussing the odious conditions which are contained in the two Bills to which we have referred, at a series of public meetings, which might be held with excellent effect in the metropolis and all the great towns of the kingdom.

A Treatise on the Diagnosis and Treatment of Diseases of the Chest. Part I. Diseases of the Lungs and Windpipe. By WILLIAM STOKES, M.D., &c. Dublin. Hodges. 1837. 8vo. pp. 557.

THIS volume induces us to form a high estimate of the industry and talent of its author. Twelve months since, the first divisions, or, as the author denominates them, the "three first sections," of the work, were printed, and their contents led us to look, with pleasure, for the remainder, and we may say that we have not been disappointed in our expectations. It would have been unwise to expect a perfect work on this occasion; if, therefore, in sifting the produce before us, we occasionally find a blighted grain, the discovery should not be a matter of surprise. A bushel even of the soundest wheat will present a few damaged corns. The volume is reverently dedicated to a patriotic and venerable parent, who, fast sinking into the deep shade of years, cannot fail to be gratified with the mark of respect which is thus offered to him. Our pages have long since spoken the praises of the "Elder Stokes," a man who, in the murkiest days of bigotry, sacrificed emolument and office to principle and conscience.

The opportunities which Dr. Stokes has possessed of accumulating information on the subject of his work, have been derived by him, in great measure, as superintendent of the medical wards in the *Meath Hospital*, Dublin. With respect to the immediate affections of the chest, we believe that he was one of the first practitioners who introduced, or, at least, systematized, the use of the stethoscope in the sister country, and without at all detracting from his merits as a physician in the observance and treatment of other diseases, we may assert that in those which are connected with the function of respiration, Dr. Stokes has employed the therapeutic art with particular success.

Time does not at present allow us to enter upon a review of the original opinions

now advanced by the author, as the work consists of nearly six hundred pages; we therefore, this week merely advert to its general character, designing to speak on another occasion of its individual sections. Dr. Stokes, though evidently an enthusiast in favour of the stethoscope, yet restricts himself in its praise. He seems to acknowledge the truism, so often overlooked, that to prove too much is often to disprove the defended point. He gives to general symptoms their just importance, and allows that the information which is to be acquired by auscultation, is more or less conventional, and that in many instances by comparisons alone, on corresponding portions of opposite lungs, a correct diagnosis can be attained. His reasoning on this head, as well as on the great attention which symptoms merit in connexion with physical signs, is sound and practical. As the reader is presumed to be conversant with the theories of Laennec, on the use of the stethoscope, there is little that is didactic as regards the use of that instrument in the present volume. Dr. Stokes gives us chiefly the result of his own observations, and the conclusions at which a physician arrives, whose sole object seems to have been to authenticate what he has observed during many years' hospital practice. Consequently there is here none of the common evidence of book-making. It is not swelled with a history of names, the fancied owners of which would otherwise justly pass into oblivion, unheeded and unseen. The work is divided into nine sections. The first embraces the general principles which are subservient to a correct diagnosis in thoracic affections. The second is on the diseases of mucous membranes; and the third, on laryngeal affections in particular. These are the republished sections. In the six which now appear for the first time, pneumonia, gangrene of the lung, perforating abscess, cancer, tubercle of the lung, and disease of the pleura, with the various symptoms and methods of treatment, are discussed. The style in which these are discussed is unaffected, and generally correct. Particular criticism on the work, however, we must, as we have already intimated, postpone for a short time.

During the last ten days, several cases of disease have presented themselves to our notice among patients in the metropolis, presenting characters of so unusal, severe, and uniform a kind, as almost to justify their being denominated as the constituents of an epidemic. The milder cases have borne a close resemblance to scarlatina simplex; the more formidable, to scarlatina maligna; in fact, so close a resemblance can be traced in their modifications, that they appear rather a spurious variety of that disease than as an epidemic *sui generis*, for in almost every instance there has been tenderness, redness, and tumour of the fauces, with redness of the face and upper part of the chest on the second, third, or fourth days of fever, succeeded, in several patients, by evident desquamation of the cuticle. The invasion of the disease has commonly been announced by rigors, occasionally slight, and sometimes absent, with general *malaise*, and pains described as being seated in the osseous system, succeeded on the following day by acute pain in the side, the distinguishing feature of the malady, generally recurring at intervals of ten or fifteen minutes, aggravated by more or less cough, the stethoscope giving evidence of pleuritis. We shall observe the course of the malady with care, and describe it, with details, in our next publication.

Peculiar Serpent.—Dr. Cantor lately submitted to the *Calcutta Med. Soc.* an account of a previously undescribed species of venomous serpent belonging to the genus Naja, with some drawings of the reptile. The natives state that individuals are found upwards of 12 feet long; at any rate the size is very extraordinary for a venomous serpent. It is caught in the Sunderbunds, and in the neighbourhood of Calcutta. This serpent usually feeds upon others, and those in Dr. C.'s possession were regularly fed by giving them living snakes once a fortnight without regard to the latter being venomous or otherwise. Dr. Cantor remarked upon the error of those naturalists who say that serpents never drink; these animals drink, and moisten their tongues,

which, with the ophidians, whose tongues are not situated in the cavity of the mouth, become two different acts. This snake differs from the other varieties of venomous serpents in feeding, willingly, of its own accord, when in confinement, though no other ophidian of its class is known to do so. The fresh poison of the snake is a pellucid fluid, of the consistence of a solution of gum arabic in water, and reddens, litmus paper slightly, and when kept for some time it shows more decided acid qualities; it loses, however, a great deal of its deleterious nature by being kept.—*Indian Med. Journal.*

NORTH LONDON HOSPITAL.

NEW PREPARATION OF COPAIBA.

Dr. ELLIOTSON exhibited a new preparation of copaiba, which had been named by its preparer, a general practitioner, the "sal copaibæ." The preparation exhibits all the sensible properties of the drug in a very intense degree. He (Dr. E.) had employed it in two cases; one was that of a man in the hospital who had a discharge from the urethra of some standing. Five grains of the new salt were administered three times a day, and in seven days the discharge had entirely stopped; the urine smelt powerfully of the remedy soon after its administration. He had also tried it in a case of gonorrhœa, in which there was no heat or pain. The discharge was stopped in two or three days. He (Dr. E.) thought the preparation likely to become a very useful one. The gentleman who had prepared it did not intend to bring it out as a quack medicine, but having spent considerable time and money in producing it, he considered he had a right to derive some share of the profit arising from its manufacture.

DISLOCATION OF THE STERNAL EXTREMITY OF THE CLAVICLE.

William Staines was brought to the hospital on the 8th of March, having been jammed between the wagons on the London and Birmingham Railroad. The surface of his body was cool and pale, and he was breathing rather difficultly. No injury was found except dislocation of the sternal extremity of the clavicle forwards, which was easily detected by the prominence anteriorly. It was reduced with great ease by carrying the shoulder outwards and backwards. The dislocation being reduced, a wedge-shaped pad was placed in the axilla, and a roller round the upper arm and body, carrying the former rather forwards; a compress was placed over the dislocation, and confined by a bandage carried over the sound shoulder and under the fore-arm, which was placed across the chest. He was covered with a blanket, and bottles of warm water were applied to the feet, which were cold, and he expressed himself as being easier. Warm tea given him; pulse, slow (50); pupils, dilated.

March 9. A larger pad was placed in the axilla, and the fore-arm and the upper were confined as far backwards as possible, with the effect of reducing the end of the clavicle more nearly to its natural situation.

11. There is a projection in the situation of the sterno-clavicular articulation, and the clavicle is still very moveable. As there is a certainty of some degree of deformity remaining after this accident, the bandages are not disturbed, and the limb is kept as quiet as possible.

21. There is some deformity, owing to the projection of the sternal extremity of the clavicle: he can raise his hand above his head, and is anxious to leave the hospital. The axillary pad and bandages were applied, and he was discharged.

BOOKS RECEIVED.

Dr. Rigby's Memoranda for Young Practitioners in Midwifery. Published by Renshaw and by Churchill. Pages 48.

(From the Author.) An Exposition of the Symptoms, Essential Nature, and Treatment of Neuropathy, or Nervousness. By James Manby Gully, M. D., &c.—London: J. Churchill, 1837. 8vo. pp. 192.

The Philosophy of Human Nature, in its Physical, Intellectual, and Moral Relations, with an attempt to demonstrate the order of Providence in the three-fold Constitution of our being. By H. M'Cormac, M.D.—London: Longman, 1837. 8vo. pp. 564.

CORRESPONDENTS.

Can any correspondent favour us with a copy of the *first* edition of Mr. Lawrence's work entitled "Lectures on the Physiology of Man?"

Mr. WHITLAW, whose letter on the lobelia inflata appeared in THE LANCET of May 20, wishes us to state in this place that he was "inadvertently in error in stating that Messrs. Bell & Co. had *never* had any of the herb or tincture from him." He has explained the cause of this mistake in an advertisement which appears on the cover of our last number.

The letters of Mr. Baintre, Mr. Davey, Mr. Pole, Dr. Kelso, Mr. Langley, Mr. Whishaw, F.P.S., and several other gentlemen, next week.

The letter of *A Pupil at the Richmond Hospital* was received. The jobbers have wasted trouble and money in the deputation, who must return with their tails between their legs.